certificate. कें वं के may be n back 24 0 onld hat ERV-SE MARGIN 00 O (O LU क उट CAU Ö d stat shoul Every Item CIANS sho statement

CE OF DEATH RTIFICATE OF DEATH Registration Dist. No. a hossital of institu-cion, give its: NAME in FULL NAME = PERSONAL AND STATISTICAL PARTICULARS 3 SEX WIDOWED -WIDOWED TO THE WIRD A. Honth) That I attended the decessed from 6 DATE 7 AGE and that death occurred anothe date anted about CAUSE OF DEATH OWES To follows: B-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE Povolet Cause state of Man OF FATHER RENT (State or country) and 12 MAIDEN NAME PA OF MOTHER PLENCTH SOE RESIDENCE FOR Blospitali, Institutions, Trans-Tenta On Recent Residents 13 BIRTHPLACE OF MOTHER (State or Country) The was all the second 14 THE ABOVE IS TRUE (Informant)

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—(oat mine, etc. wounworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, whatever, write None. household only (not paid Housekeepers who receive a dr," ctc., report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinalferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"

> "(Exhaustion," "Heart Larun,"
> "(Inanition," "Marasmus," "Old Age," "Shock,"
> "(Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. approved by Committee on diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease etc. The contributory Nomenclature " "Convulsions,

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	15305 STATE OF MARYLAND
County It, Melecys	CERTIFICATE OF DEATH
1	Registration Dist. No. 252
Village or City Vally wood No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Many alice	Allele tion, giva its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH XOLE. 21, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH NOV. 28, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923, to Dec 21, 19230 that I last saw h a alim Alle 20, 1924,
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 454, m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	And the same of th
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer) 9 BIRTHPLACE (State or country) Wed	Contributory Secondary (Duration) yrs
10 NAME OF CEREBERT Closes	(Signed) full allallem. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Oreces (2000)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) (Address) Stolly word	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19/22, 1930
Filed 19 7 1930 Comman	Thellet abel Hallyund
If more highes are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all " Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as ""Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

and the second s	PLACE OF DEATH County St Manage	05813 STATE OF MARY CERTIFICATE OF Registration Dist. No.
micale.	Village or City Valley Lee (No. 2FULL NAME Charlotte Emily	St: Ward) (If d a hos tion, stead numb
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
ack or	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Wildows D. OR DIVORCEO (Write the word)	16 DATE OF DEATH May 2 (Month) (Day
d no suo	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended to May 1980 to May that I last saw be alive on May
Darrier	7 AGE 22 yrs. 10 mos. 12 ds. or min.?	and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows:
ortant. see	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs.
	(State or country) Maryland 10 NAME OF FATHER RWalls 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME	(Signed)
	OF MOTHER Assetta Greenwell 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents) At place In the of death yrs
	(Informant) Edward Contro (Address) May 3 1980 Pf Se Registras	Where was disease contracted, if not at place of deah? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL LONGERTAKER ADDR LONGERTAKER ADDR LONGERTAKER LONGERTA
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 287

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Yes (Month) (Day) (Yes 17 I HEREBY CERTIFY, That I stended the deceased (Month) (Day) (Yes 18 Length (Duration) (Duration) (Duration) (Signed) (Signed	
(Month) (Day) (Yes (Month) (Day) (Yes 17 I HEREBY CERTIFY, That I attended the deceased May 2, 19 that I last saw be alive on May 2, 19 and that death occurred on the date stated above, at 11:95 The CAUSE OF DEATH * was as follows: (Duration) yes mos (Contributory Secondary (Duration) yes mos (Signed) *State the l'is ase Causing Death, or, in deaths free Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.	
1980. to May 2, 1980. to May 2, 1980 that I last saw be alive on May 2, 1980 and that death occurred on the date stated above, at 1/1, 45. The CAUSE OF DEATH * was as follows: Contributory Secondary	.d
Contributory Secondary (Signed) *State the I iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Total Causes, Table 1988)	d fro
Contributory Secondary (Durstion) (Durstion) (Signed) (Signed)	A
Contributory Secondary (Durstion) (Signed)	
(Signed)	6.0
*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, T	. M. I
	rcm ther
ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmos	
Where was disease contracted, if not at place of dea.h? Former or usual residence	
Is PLACE OF BURIAL OR REMOVAL ATT OF BURIAL DATE OF BURIAL May 4, 19 ADDRESS	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs): business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Collon mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Laborer--Coul mine, etc. 6 Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebos pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," 10 ds. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, approved by as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Nomenclature Chronie valvular heart disease; etc. The contributory not be

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PLACE OF DEATH	14578 STATE OF MARYLAND
County Sp Many &	S CERTIFICATE OF DEATH Registration Dist. No. 28
Village or City Kalley Lee (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Ingle WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Month) (Day) (Year)	that I last saw hy allow on Ward 2 , 192
7 AGE If LESS that I day hrs hrs or min.	The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs ds Contributory
10 NAME OF Martin Bertram ainswort 11 BIRTHPLACE OF FATHER (State or country) Mr Gring	(Signed) John G. M. D. M
(State or country) The grand of MOTHER Charlete Crimby Matter	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) and Hagueune Sale	Former or usual residence
(Address) Jally Lu And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 19 DATE OF BURIAL 19 DATE OF BURIAL 19 DATE OF BURIAL
Filed Eft. 27 1022 Harrison Hold	20 UNDERTAKER Thomas Palley Lu
If more banks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of Mass. If retired from laborer, should be used only when needed. A examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on a cone of the cone consing DEATE gaged in dome ic some for there, as Seriant, Cook work, or At House, and diffuses, not gainfully employed as At achool, or At Jones. Care hould be taken definite salary, may least to a How wife, (a) Foreman, (b) Assemble factory. The material worked on may form part of the speed statement.

Never return "Laborer." "For man," "Tlanager." "Deal-Spinner, (b) Collan nature of the business or industry, and therefore an sary to know Physici m. Composito . Architect, Locomoline the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact the remarkable that f armor (retained 6 yrs. For f and f are large no occupation Housemaid, etc. If the communion has been changed to report specifical: he contained of en at home, who are engaged in the duties of the whatever, write was household only in ... ngineer, Stationary firemen, etc. But in many For Farm labore without more preside specification as many 'a the kind of work and also (b) the or apations a sigle word or term on Line pas who receive a persons enengineer, Grocery, House-Wom-Day

Statement of Chi of Denth-Name first, the Distant to the mile of the modern plints and the same accepted term for the only distant to the control of the only distant the control of "Croup"); Typhoid for the control of "Typhoid for the control of "Typhoid Theumonia"); Lober produced in the control of the c

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "Inanition," NIZI ASILINO, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarconu, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of as fracture of skull, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumania (secondary), (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mon-American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease "Senile," etc.), "Dropsy," affection need not be etc. The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is permanently filed.

SI-	PLACE OF DEATH	12670 STATE OF M	ARYLAND
E	County of mary	CERTIFICATE	OF DEATH
Y, P		(29) Registration Di	st. No. 282
CACTL classiff	Village or City Hillwille (No.	St.:Ward)	(If death occurred in a hospital or institu-
ated EXAC operly clar certificate	2FULL NAME William H alv	of	tion, give its NAME in- steed of street and number.)
stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
of	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH	DA
ay be	male while (Write the word) manily	(Month)	(Day) (Year)
oui ma n b	6 DATE OF BIRTH Reh. 5-1866	17 I HEREBY CERTIFY, That I atter	
t it	Solt JA 1972)	(PD 57 1921). to	1930.
CE hai	(Month) (Day) (Year)	that I lest saw h Malive on Pol	4 1930
so tharruction	7 AGE If LESS than	and that deeth occurred on the date stated a	bove, at 8154 m.
s s	lath I fa I day hrs.	The CAUSE OF DEATH * was as follows:	
In In	mos. ds. or min.?	J J J J	1
te ee	(a) Trade, profession or	mershally stepp	Ms
ly a	Particular kind of work		
in p	(b) General nature of industry business, or establishment in	(Durstion)	yre 6 mos de
in in	which employed or (employer)	1.1.1.1.1	
ATH mpc	BIRTHPLACE (State or country)	Secondary	Lotte Land
V E	TIO NAME OF	(Durstion)	yrsde.
Te Ve	FATHER Thon H alvery	(Signed)	M. D.
on si	W 11 BIRTHPLACE	192 f. (Address)	rasalowy
AUSI	(State or country) of marples my	*State the Disease Causing Death, Violent Causes, state (1) Mcans of Injuraction Accidental, Suicidal or Homicidal.	or, In deaths from Wy ry and (2) Whether
ATC	OF MOTHER OF COMME	18 LENGTH OF RESIDENCE (For Hospital	s, Institutions, Trans-
ate U2	13 BIRTHPLACE	ients or Recent Residents)	
Sta	OF MOTHER	At place of deathyrsmosds. In the State_	yrsds.
- PO	(State or Country) March (as Mid.	Where was disease contrected, if not at place of dea.h?	
ton	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or	80000000000000000000000000000000000000
sk	(Informant) Joseph M World	usual residence	
ANS	(Address Thickonscribling	19 PLACE OF EURIAL OR REMOVAL	OF IMA
S C C	15 /2/1 3. (600.1.)	20 UNDERTAKER	APDRESS
m	Filed / (O 1920 Registre)	Dome hallingly	Formalform
Z	If more blanks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting y. S.	No. 1. MA

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more F---Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Wom-

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent urther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. 100

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state	15			1930			

05814 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in
and	stead of street and

MEDICAL CERTIFICATE OF DEATH

. I and many

16 DATE OF DEATH

May	, 20		1930
	lonth)	(Day)	(Year)
17 I HEREBY CERTIFY.	That I att	ended the dec	eased from
may 2/ 1950.	to The	721	1925.
hang 2/ 1980.	- 6	• • • • • • • • • • • • • • • • • • • •	, 192,
and that death occurred on the			
The CAUSE OF DEATH * was as			
Replen ?		1-01111	

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(D _m	ution)	yrs mo	ada.
			S
Contributory Llacker	no		
	retion)	yrsmc	a da
W - C C	L - 1	0	
(Signed)	Safe L		M. D.
(Signed) Hany C. C. Smy 21, 1930. (Address).	Long	hull.	my
*State the Disease Causi Violent Causes, state (1) Me	ng Death,	or, In deat	hs from
Violent Causes, state (1) Me Accidental, Suicidal or Homicidal.	ans of Ir	ijury and (2)	Whether
16 LENGTH OF RESIDENCE (I		tals. Institution	ons. Trans-
lents or Recent Residents)			
At place	In the	teyrs	
of death	Sta	teyrs	mosds,
Where was disease contracted, if not at place of death?			
Former or			
usual residence			
19 PLAGE OF BURIAL OR REMO		DATE OF	BURIAL
Home Courses		may 2	2, 19 80
20 UNDERTAKER		ADDRESS	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Worn-For persons who have no occupation (b) Automobile factory. The material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condistated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, ctc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. causing death), 29 ds.; L. (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need valvular Nomenclature The Always qualify all heart disease, contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

St.:	(Ward)	(if death a hospital	or inst
		tion, give i	

d in itu-ir-and

> sed from , 192 192

> > M. D.

s. Trans-

1 1 AT	Registration Dist, No.
Village or City What were (No	St.: Ward) (if death occurred a hospital or inst tion, give its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jely , 1930 (Year)
6 DATE OF BIRTH (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fr
7 AGE Months If LESS that I day hrs I day hrs or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	alelectosis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11. BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	Contributory Secondary (Signed) (S
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs
(Informant) THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence 19 PLACÉ DE BURIAL OR REMOVAL BATE OF BURIAL
(Address) Whother	20 UN DERTAKER APDRESS
Filed Registrar If more blanks are needed, address State Registra	ar, 16, W. Saratoga St., Baito., Requesting V. S. No. 1.

V. 8. No. 1

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(Approved by U. S. Census 2nd American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Solesmon, (b) Grocery; whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or Al home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it laborer, Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-" etc., without more precise specification as Day Foreman, or At Home, For many occupations a single word or term on Farm laborer, For persons who have no occupation 6 Automobile factory. The material and children, Laborer-Coal mine, etc. not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The n.ture of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved as fracture of skull, and consequences (c. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as stated unless important Example: Measles (disease Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by or intercurrent) affection need not Committee on Nomenclature Chronic valvular heart disease, shopneumonia (secondary) etc. The contributory ," "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative heaithgaged in domestic service for wages, as Servant, Cook, pioyed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) mature of the business or industry, and therefore an rry to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer fulness of various pursuits can be known. The quesl'isiuess, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occ. pations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerwhatever, write None. tired & yrs.). Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. Wom-The material

East causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pnaumonia,"

and qualify as accidental, suicidal, or Homicidal, or "PURPERAL septicacmic," "FUERPERAL poritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite discase rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallguant neoplasms); Measles; myes, peritonasum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the lnjury, as fracture of skull, and conse-Potenned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. For violent beattis state means of injury State cause for which surgical operation was under-(secondary or intercurrent) affection need not be(name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Whooping cough; "Debllity" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-"Anaemia" "Coma," (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondsuce. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PMYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT MARGIN RESERVED FOR BINDIN INLY WITH UNFADING INK--THIS IS A PERMA WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County DV. 11000	CERTIFICATE OF DEATH
	Registration Dist. No. 83
on Chapties	
Village or City William (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME DHUNGS H. Barner	tion, give Its NAME Is - stead of street and number.
FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MANUA	16 DATE OF DEATH
Male Dlack WIDOWED. OR DIVORCED (Write the word)	, 197
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That f attended the deceased from
DATE OF BIRTH	Jan 19 1923 to Jam. 22 1920
(Month) (Day) (Year)	that I last saw h olive on Am 2/- 1920.
	5-10
7 AGE If LESS than I day hrs.	ond that death occurred on the date stated above, at
yrs. 3 mos. ds. or min.?	THE CACOL OF DEATH WAS AS ISHOWS.
BOCCUPATION	1.0 0
(a) Trade, profession or particular kind of work	A Hay Mummua
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yes, mosds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration) yrs, mos ds,
10 NAME OF	d'// Wanson/
FATHER MMU WWW	(Signed) A M. D.
OF FATHER MA	1920 (Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME ANN WILL	1B LENGTH OF RESIDENCE (For Hospitols, Institutions, Trans-
0.	ients or Recent Residents)
13 BIRTHPLACE TO MA	At place of deathyrsmosds, State,yrsmosds,
(State or country) / Wy.	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) James N- James	usual residence
1 Dan htage	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) W/W/W/A	David Jew Jan. 27, 1980
15 51 Jan 22 1037 1 1 1 Mush	20 UNDERTAKER
Filed 1900 A Registrar	W.le. / llor Vanapur
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, " etc., without more precise specification as Doy Foremon, or At Home, and children, For many occupations a single word or term on Form laborer, For persons who have no occupation (b) Automobile foctory. The material Loborer-Coal mine, etc. person, irrespective of not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. or as probably such, if impossible to determine definitely "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as accidental, suicidal or homicidal, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; L. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid taken. (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., o FOR VIOLENT DEATHS STATE MEANS OF INJURY or intercurrent) Committee on Nomenclature Chronic valvular heart discose Example: Measles (disease chopneumonia (secondary), affection need not be etc. The contributory ," etc.), "Dropsy,

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

AT

TH UNFADING INK--THIS MARGIN RESERVED WRITE

No. वर्त d be carefully supplied. Aux enough to properly classified DEATH in plain terms so that it may be properly classified by important. See instructions on back of certificate. Every Item of information should be carefully CIANS should state CAUSE CF DEATH in pla statement of OCCUPATION is very important.

PLACE OF DEATH



(Yea

If LESS t

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 287

Wand) (If death occurred in

r	nev	a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
2	16 DATE OF DEATH Aug.	Z , 1930
_	(Month)	(Day) (Year)
	17 A I HEREBY CERTIFY, That I atte	nded the deceased from
0	James 197. D. to any	2 ,1930,
r)	that I last saw h La alive on	My 31, 1930,
nan	and that death occurred on the date stated	above, at // Am.
ırs.	The CAUSE OF DEATH * was as follows:	,,
n.?		••••••••••••
	multiple Sclerose	
	7	
	(Duretion)	yrsds.
	Contributory Secondary	(+ 300
	(Duration)	
	(Signed)	M. D.
-	aug 2 1934 (Address) freat	- Mills ma
_	*State the i is ase Causing Death, Violent Causes, state (1) Means of Injunction Accidental, Suicidal or Homleidal.	or, in deaths from ury and (2) Whether
lle	18 LENGTH OF RESIDENCE (For Hospital	als, Institutions, Trans-
	At place In the	yrsds.
_	Where was disease contracted, if not at place of dea.h?	
	Former or	
	usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	St. nicholas	lug 3 , 1930_
9	20 UNDERTAKER	APPRESS
••••	Thomas Harris	Jarboe soll

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED.
OR DIVORCED (Write the word) (Month) (Day) 7 AGE (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 15 If niore blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Loy loborer, Farm loborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, should additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE, CAUSING DEATH gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on be used only when needed. As examples: (0) (b) Cotton mill; (a) Solesmon, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Hacmorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." "PUERPERAL septicoemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by ruilway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) Chronic valvular heort disease; affection need etc. The contributory Nomenclature Measles ; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No.Ward) (If death occurred in a hospitai er institution, give its NAME incertificate. stead of street and number.) **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX ay be WIDOWED. BINDING OR DIVORCED (Month) (Write the word) i HEREBY CERTIFY, That I attended the deceased Ε no 6 DATE OF BIRTH that truction (Month) (Day) (Year) and that death occurred on the date stated above, at PO IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: upplied 0) ds. or min.? term OCCUPATION RESERV (a) Trade, profession or carefully su particular kind of work (b) General nature of industry business, or establishment in (Duration)yrs.... UNFADING which employed or (employer) Contributory imp MARGIN 9 BIRTHPLACE Secondary be EAT (State or country) very pinou 10 NAME OF FATHER 14. 0 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER OZ Z nformation CAUS (State or country) 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Hospitals, institutions, Trans-4 state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State yrs mos of death yrs ds. Ö (State or country) 00 Where was disease contracted, if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE of shoul Every item CIANS sho statement Former or usual residence. (Informant) DATE OF BURIA PLACE OF BURIAL OR REMOVAL (Address If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer or given up on account of the DISEA. E CAUSING DEATH. to report specifically the occupations of persons enwhatever, write None. Housemuid, etc. et:, wie laborer, in are Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed Laborer-Coal mine, etc. As examples: (a) (6) engineer, Grocery; Womren

spinal meningitis"); Diphtheria (avoid use of "Crou ed term for the same disease. E. amples: Cerebrospina Statement of Cause of Death-Name, first, the bis-Typhoid fewer (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebro" pneumonia, Broncho pneumonia ("Pneumonia,

> stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Chronic interstitial nephritis, approved by Committee on letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. State cause for which surgical operation was under-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease etc. affection need not be The nature of the injury, valvular heart Nomenclature of the The contributory Always qualify all disease; Measles;

answered in detail, it will prevent further correspondence. permanently filed. his certificate is looked over thoroughly and all questions

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PLACE OF DEATH County St Many	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 287
Village or City It Many City (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black SINGLE, MARRIED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1970 to 1970, that I last saw h Amalive on June 7, 1970,
Jyrs. unknown de. or min.? a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	and that death occurred on the date stated above, at
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Contributory Secondary (Duration) *State 1 is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL

ADDRESS

If more b.anks are needed, addre.s htate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g. ged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houselaborer, Form laborer, Laborer—Cool mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEALE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, use of "Tumor" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUIGIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilway traininges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi for malignant neoplasms); Mcasles; Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH	14039 STATE OF MARYLAND
County Marys	CERTIFICATE OF DEATH (A) Registration Dist. No. 28/
Willes of Malley Leens	St. Ward (If death occurred in
Line Com. L	a hospital or inetitu- ilon, give its NAME in- etend of street and humber.)
² FULL NAME State Comments	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Renale Color or RACE 5 SINGLE, MARRIED, Single WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
Mov. 16th ,938	thet I last saw halive on, 192
(Month) (Day) (Year)	and that death occurred on the dete stated above, et
7 AGE If LESS than	The CAUSE OF DEATH & was so follows:
Itel-bith mos ds or min, ?	Still- with
OCCUPATION /	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration)yrsmosde,
which employed or (employer)	Contributory
State or country) mary 6 mg	Secondary (Duration)
10 NAME OFF). A	(Signed) Hattism Halus M.D.
FATHER Ster Servett	Mar 17,3) wy Valley Lee ma
11 BIRTHPLACE OF FATHER (State or country) I Mary's G. Mod.	Violent Causes, state (1) Means of Injury: and (2) whether
OF FATHER (State or constant). Mary's G. Mrd. 12 MAIDEN NAME OF MOTHER MARY & Bische	Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
18 BIRTHPLACE OF MOTHER (State or county) Mary's G. Mrd.	ients, or Recent Residents) At place In the of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Isladys Bennett	Former or usual residence
(Address) Valley Lee My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 M 17 - 9/11	20 UNDERTAKER L ADDRESS
Filed My 1935 Xal transtruction Registrar	Richard Thomas Valley Lac 1
if more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

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Exatement of Cause of Death—Name, first, the biss mass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumania."

thead of "contributory." (Recommendations on stateconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia (second-Ohronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on quençes (e. g., sepsis, tetanus) may be stated under the ture, of the lujury, as fracture of skull, and conse-Poteoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "PUERPREAL septicaemia," "PUERPERAL peritonitie," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Examples: Accidental drowning; Struck by railway FOR VIOLENT DEATHS STATE MUANS OF INJURY "Debllity" ("Congenital," "Senile," etc.), "Anaemia" (merely

bins answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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DEATH

12671

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 287

(If death occurred im

	2FULL NAME & Peter Benn	a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 1	SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED. Nole Black OR DIVORCED (Write the word)	16 DATE OF DEATH
6	DATE OF BIRTH ### 25 , 1876 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Sept. 20. 1930., to
7 /	If LESS than I day hrs. 7 mos. 10 de or min.?	
	(a) Trade, profession or farmer kind of work for some farmer kind of the farme	(Duration) yrs. 9 mos. de.
ENTS	11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	Contributory Secondary (Durstion) (Signed) (Signed) *State the I isease Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl.
PAR	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Many Carl	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14	(Informant) Valta Benett (Address) Valley Lee Md	if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Believed Complete Get 7, 19.30
15	Filed Oct 6 180 ABean Ma	20 UNDERTAKER ADDRESS

-(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs,. For persons who have no occupation state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH definite salary, may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the Locomolive engineer, Grocery,

Strtement of Cause of Death—Name, first, the DIS-BA DIANG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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answered in detail, it will prevent further correspondence.

All the

data is essential and must be obtained before the certificate is

permanently filed.

telanus) may be stated under the head of "contributory." Dapproved by Committee on Nomenclature American Medical Association.) as fracture of skull, and consequences (e g., sepsis, cutbolic acid-probably suicide. Then ture of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis, stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely s; mptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uracmia," "Weakness," etc., when a definite disease Whooping cough; If this certificate is looked over thoroughly and al qu stions Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronie etc. The contributory valvular heart disease;

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1PLACE OF DEATH	14040 STATE OF MARYLAND
County St Manage	CERTIFICATE OF DEATH
10	Registration Dist. No. 287
Village or City Hermuville (No.	St: Ward) (If death occurred im a hospital or institution, give its NAME ir
2 FULL NAME Mary & Gordon	Secret stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Sept \$ 1930	undtenderate 1, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, atm.
I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Consulaions
(a) Trade, profession or	Came anknown; child was
particular kind of work (b) General nature of industry	naglestet.
business, or establishment in	(Duration) yrs mos de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration)yrsds.
FATHER I My Ben Th	(Signed) M. D.
0 II BIRTHPLACE	Mar 20 1920 (Address) June of health hal
OF FATHER (State or country) Manyland	*State the Liscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
I 12 MAIDEN NAME	
of MOTHER Nettie Gordon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) Maryland	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
as Im Be of	Former or usual residence
(Informant) Wermanwill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Many	St in holas ent homes 1920
	20 UN DERTAKER ADDRESS

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

/ Registrar

2000

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation - Precise statement of ocbusiness, that fact may be indicated thus; Farmer to tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Houseniaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Scriant, Cook ployed. us At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, household only (not paid Housekeepers who receive a report Foreman, For many occupations, a or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material specifically the occupations of persons en-For persons who have no occupation mpositor, Archilect, Locomotive engineer, Stationary freman, etc. But in many single word or term on The ques-

Statement of Cause of Death—Name, first, the Disease ("AUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dinktheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of teunus) may be stated under the head of "contributory." atic), approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., scpsis, "E:haustion," "Heart failure," "Heart failure," "Heart failure," "Heart failure," "Old Age, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); American Medical Association.) carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Never report mere symptoms or terminal condiinterstitial nephritis, cough; "Heart failure," "Haemorrhage, Chronic etc. valvular heart disease; The contributory Sarcoma, etc., of " "Shock," M castes;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exacts statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN WITH UNFADING INK--THIS IS A PERMA INLY WRITE H

V. S. No. 1

County & Manysot	CERTIFICATE OF DEATH Registration Dist. No.
Village or City California (No.) 2FULL NAME Minie Victoria	St.: Ward) (If death occurred in a hospital or institution, give its NAME it stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE Bosn dead, If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion)
which employed or (employer) BIRTHPLACE (State or country) State or country) Mary Co Ald.	Contributory Secondary (Duration) yrs
10 NAME CAF FATHER John Calrest Bennetti	(Signed) Isom G. G. M. D. M. D
OF FATHER (State or country) 12 MAIDEN NAME 14 TO THE PROPERTY OF THE PROPER	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
of MOTHER Minnie Piclosia Mandal 13 BIRTHPLACE OF MOTHER (State or country) Baltimon Md	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address) Cafefonia II	on home DATE OF BURIAL OR REMOVAL DATE OF BURIAL Merch 19, 1930.
Filed Man 27 1930 PyBean Just Registras	John Calvert Bennett California
If more banks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremun, (b) Automobile foctory. The material For many occupations a single word or term on Form loborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery,

Streement of Cause of Death—Name, first, the DIS-EATE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association. (Recommendations on statement of cause of stated unless important. "(Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY for malignant neoplasms); Measles; chronic valutar heart disease nephritis, etc. The contributory Example: Measles (disease contributory

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WRITE INLY, WITH UNFADING INK--THIS IS A PERMA NT CORD

V. S. No. 1

Village or City Mcchanistic No. St.: Ward) (If death or a hospital or stem, give its interpretation of the personal and statistical particulars PERSONAL AND STATISTICAL PARTICULARS 3 SEX	PLACE OF DEATH	19485 STATE OF MARYLAND
Village or CityMechanistical St. Ward) (If death or a hospital or tion, give its insumber.) PERSONAL AND STATISTICAL PARTICULARS 3 SEX	County ST Mays	CERTIFICATE OF DEAT
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE WIDOWED. OR DIVORCED WI		Registration Dist. No. 2 &
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWSED OR DIVORCED (Write the word) MONTHER MONTHER (State or country) Pruse Ito G. MAR. Manual William Resource of Monther (State or country) Pruse Ito G. Manual Resource of Monther (State or Country) Pruse Ito G. Manual Resource of Monther (State or Country) Pruse Ito G. Manual Resource of Monther (State or Country) Pruse Ito G. Manual Resource of Monther (State or Country) Pruse Ito G. Manual Resource of Monther (State or Country) Pruse Ito G. Manual Resource of Monther (State or Country) Pruse Ito G. Manual Resource of Monther (State or Country) Pruse Ito G. Manual Resource of Monther (State or Country) Pruse Ito G. Manual Resource (State Or Country) Pruse	0	tion, give its N.
## WINDOWED OR DIVORCED (Write the word) 5 DATE OF BIRTH ## WINDOWED OR DIVORCED (Write the word) 5 DATE OF BIRTH ### WINDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH ### WINDOWED OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended the decess of that I last saw has also on the date stated above, at Secondary or min. I window for particular kind of work 6 J. Trade, profession or particular kind of work 10 General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRIBE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRIBE TO THE BEST OF MY KNOWLEDGE (Informant) 15 DATE OF BURIAL OR REMOVAL DATE OF BURI		
(Month) (Day) (Year, Month) (Day) (Month) (Day) (Year, Month) (Day) (Month) (Month	The widowed or divorced w	idow dug 29, 19
and that death occurred on the date stated above, at 6 6 yrs. 6 mos. 6 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Morgard Aura Rechards (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRIPE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Brady (Address) Appares Appress Appres	Fiel 13	1864 aug 29. 1021 aug 29
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 15 DATE OF BURIAL OR REMOVAL (Address) 16 DATE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL	7 AGE III I d	ESS than and that death occurred on the date stated above, at
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OF MOTHER Morgares Unit Acches 18 LENGTH OF RESIDENCE (For Hospitals, Institution lents or Recent Residents) At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Brady. (Address) (Address) AURES STALL OR REMOVAL STALL OR REMOVAL DATE OF BURIAL OR REMOVAL STALL OR REMOVAL AURES ST	OF FATHER (State or country) Fruce Les G	*State the Disease Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Wh Accidental, Suicidal or Homicidal.
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Address) OF MOTHER (State or country) Former or usual residence 19 PLACE OF BURIAL OR REMOVAL STIPLEM Words of BURIAL OR REMOVAL AUDRESS AUDRESS	of MOTHER Morgaret Um Mac	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, lents or Recent Residents)
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(Address) alparco ma. St Many Church Wooding off 18	(State or country) Men Jeo Co	Where was disease contracted,
O O T 20 UNDERTAKER AUDRESS	(State or country) Tree Teo Go	Where was disease contracted, if not at place of death?
Filed Clay 3, 1980 dearn & Joshon Son John Markey	(State or country) Tree Teo Go 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG (Informant) Mrs Brady.	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BUI

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same dise, se. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Meusles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite; Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary) (secondary Whooping approved by as fracture of skull, and consequences (e.g., vepsis, tetanus) may be stated under the head of "contributory." carbolic ucid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; l'oisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Wcakness," etc., when a definite disease "Inanition, "Inanition," (Recommendations on statement of cause of death "PUERPERAL septicuemia," "PUERPERAL peritonities. can be ascertained American Medical Association. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Chronic or intercurrent) affection need "Marasmus," "Old Age," "Shock, Committee on as the cause. Always qualify all valvular heart disease; etc. The Nomenclature of the contributory not be

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PHYSI-Every item of Information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE CF DEATH In plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of oertificate. CORD BINDIN PERMA! d FOR VITH UNFADING INK--THIS RESERVED MARGIN WRITE S. No. 1

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V.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 287
Village or City Mysse (No	St: Ward) (If death occurred im a hospital or institu- tion, give its NAME ir - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWEO. OR DIVORCED (Write the word) 6 DATE OF BIRTH	Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 22 192 0
(Month) (Day) (Year)	that I last saw han alive on June 27, 1986
7 AGE If LESS than I day hrs. 76 yrs. 7 mos. 28 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Endocarditis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs. 2 mos de. Contributory Secondary
10 NAME OF FATHER John Comphell	(Signed) (Address) Que Mills Ind
OF FATHER (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) French Briefer (Address) Lynn And	19 PLACE OF BURIAL OR REMOVAL LA Collis Cenetry 20 UNDERTAKER DATE OF BURIAL ADDRESS ADDRESS
Filed June 26 1980 Registras	Word Religh didge kid

If more blanks are needed, address htate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Caul minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Automobile factory. The material For persons who have no occupation Locomotive 6) engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrosfinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

"Ezhaustion," "Heart Langue," "Old Age," "Shoek," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Idanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from ehildbirth or misearriage as ean be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of taken. For violent deaths state means of injuly Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi or intercurrent) affection need not be 'Congenital,' "Senile," etc.), "Dropsy,
" "Heart failure," "IIaemorrhage, Chronic valvular heart disease; Example: Mcasles (disease " "Coma," etc. The contributory " "Convulsions,

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(Address)

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PEACE STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institustead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX COLOR OR RACE 16 DATE OF DEATH OR DIVORCED (Write the word) (Month) (Day) 6 DATE ON BOR I HEREBY CERTIFY, That I attended the decement that I last saw h 2 alive on Man. Month) (Year) III EESS than 7 AGE and that death occurred on the date stated above, at 1 day 5 hrs. The CAUSE OF DEATH * was as follows: ds. or-8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in (Duration) which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER (Address) 11 BIRTHPLACE OF FATHER Causing Death, or, in deaths from FZ *State the . I is ase Violent Causes, state (b) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) Ш 12 MAIDEN NAME 0. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State.... of death yrs mos ds. vrs. mos..... (State or Country) Where was disease contracted, a it not at place of dua h? 14 THE ABOVE IS TRUE Former or usual residence..... (Informant) 19 PLACE OF BURIAL OR REMOVAL -DATE OF BURNA

5. Die are heder, addres State Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. Lo. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm loborer, Laborer—Coat man, laborer, Farm loborer, Haborer the duties of the at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook, Eousemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as Al school, or Al home. Cure should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Paysician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocmner, (b) Cotton mill; (a) Solesmon, (b) Grocery; Foreman, (b) Automobile foctory. The material For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many The ques-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid few (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchapmeumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicoemia," "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railwoy train-(secondary Whooping perilonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, or intercurrent) affection need not be cough; Chronic and consequences (e.g., sepsis, valvular heart disease; etc. The contributory " Shock,"

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Villa	age or City ² FUI	L NAME	Blen Ees		Vei	orio	
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) Ward)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 70 (Month) (Day) (Year)
20	17 I HEREBY CERTIFY, That I attended the deceased from 1923. to New 9, 1923.
r) han	and that death occured on the date stated above, at 0 0 m.
hrs.	Paleul Doramen Oval
	faller
	Contributory (Coll Provolute)
e	(Signed) (Si
	*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
<u>~</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
_	At place of death yrs
	Former or usual readence
	Mewlow Ceruaty nor 11. 1030
	Wir heaveny Leoreasalo
	16 W Saratoga St., Balto, Requesting V. S. No. 1.

V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tired 6 yrs). definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, business, that fact may be indicated thus; Farmer (restate occupation at beginning chillness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cuok ployed, us At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealwhatever, write Nonc. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a ," et., without more precise specification as Day borer, Furm laborer, Laborer—Coal mine, etc. Wom-1 at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

spin I meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebros; EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dis-Typhoid (the only definite synonym is "Epidemic cereling pneumonia, fevor (never report "Typhoid Pneumonia", Bronchopneumonia ("Pneumonia," ia .

is essential and must be obtained before the certificate is

antly filed.

answered i "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. use of "Tumor" inges, perilonacum, etc., Carcinoma, Surcoma,, etc.. of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menlclonus may be stated under the head of "contributory." Chronic interstitial nephrilis, Whooping carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisaned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved Recommendations on as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid Inanition, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY certificate is looked over thoroughly and all questions by Committee on cough; " "Marasmus, " "Old Age, " "Shock," for malignant neoplasms); Measles; Chronic statement of cause of Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory

S. No. 1

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1	County A	VI PIICE	reso		
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	2F	ULL NAME	foe	uees,	Eleven
	PERSO	DNAL AND	STATIST	ICAL PARTIC	CULARS
3	nale	4 COLO	R OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the wo	Server (rd)
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No. 2 80

8. Borner	(If death occurred in a hospit I or institu- tion, give its NAME i stead of street and number.)
MEDICAL CERTIFICATE	DF DEATH
16 DATE OF DEATH	>> , 1930
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I atte	ended the deceased from
that I last saw h malive on	25, 1923-2,
and that death occurred on the date stated	above, at & P m.
The CAUSE OF DEATH * was as follows: Percentage	7. mos ds.
Contributory	
(Signed) (Dyation) (Signed) (Address) Pe	Cery M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
At place of deathyrsmosda. In the	yrsmosds.
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL STORE CELLES 20 UNDERTAKER	DATE OF BURIAL
narren Gum &	averon m.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oclaborer, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in dome-tic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever. write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor. Architect, Foreman, For many occupations a single word or term on man, (b) Automobile fuctory. The materia Stationary fireman, etc. But in many For persons who have no occupation Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishilheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Branchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemourhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Mcusles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL sephicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify al (secondary or intercurrent) affection need Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinomu, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Branchopneumonia (secondary), Chronic rabular heart disease; etc. The contributory Nomenclature of the not be

approved by Committee on Nomenclature of the American Medical Association.)

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If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St // Bulto., Lequesting V. S. ivo. 1.

7. S. No. 1

Filed

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (c) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planker, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housenaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only 'not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a yrs . Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of (b) Automobile factory. The material For persons Laborerwho have no occupation single word or term on -Coal minc, etc. Wom-(b) persons en-The ques-Grocery,

Statement of Cause of Death—Name, first, the DIS-EA. 5 TALL ING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepeis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resalting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Themorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid interstitial cough; nephritis, Chronic valvular heart discase; Example: Measles (disease affection need not be etc. The contributory " Shock, "Dropsy, Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDIN WITH UNFADING INK--THIS IS A PERM AINLY WRITE V. S. No. 1 N. B.

PLACE OF DEATH	08272 STATE OF MARYLAND
County Sty Medley	CERTIFICATE OF DEATH
	Registration Dist. No. 282
X lore aiglory	Af death accurred in
Village or City (No.	a hospital or institu-
2FULL NAME GORGEREL CA	stead of street and number.)
-FOLL NAME.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH RUE 7 100-3
WIDOWED LAW OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 A I HEREBY CERTIFY, That I altended the deceased from
(1 hr 5 ,854	Neh 1930.00 / sely 7, 19236
(Month) (Day) (Year	that I last saw helpalive on free to 192.20
7 AGE [If LESS than	
41 3 7 I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. 3 mos. 2 ds. or min.?	60
8 OCCUPATION (a) Trade, profession or	vaena alle
particular kind of work (b) General nature of industry	
business, or establishment in	(Durstion)yrs,mosde,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Suration) yrs
I 10 NAME OF	Mar. 1111 Present Cus
FATHER Mg. (1. Cacceally	(Signed) J. M. D.
OF FATHER	the biggage Causing Death or in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MILE S. M. CO. P.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	of deathmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa.h?
Man Comment	Former or usual residence
(Informant) Tragus Cellean	19 PLACE OF PURIAL OR REMOVAL DATE OF BURIAL
(Address) deridian	Ullor Min 7/8, 1935
15 4/2 B. (8) en elm	20 UNDERTAKER / ADDRESS
Filed 7 192 Registral	Wy Melent Moreade
If more blanks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Furm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Collon mill; (a) Salesman. mpositor, Architect, Locomotive engineer, Stationary froman, etc. But in many For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

tctanus) may be stated under the head of "contributory." "E:haustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on or intercurrent) affection need not be 'Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Measles;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY PI Registration Dist. No. (if death occurred in ...Ward) a hospital or institution, give its NAME instead of street and properly of certific **2FULL NAME** number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. be WIDOWED OR DIVORCED (Write the word) it may pino (Day) BIND 6 DATE OF BIRTH 17 CERTIFY, That I attended the deceased at rms so that (Month) (Day) Ö IIfLESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: THIS upplied ESERVED or min.? mos. ds. 8 OCCUPATION 99 (a) Trade, profession or particular kind of work refully a pla nt. (b) General nature of industry business, or establishment in rta (Duration). 正 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) EA B (Durstion) PO 10 NAME OF (Signed) 34 FATHER Shot 11 BIRTHPLACE RENTS OF FATHER CAUSE *State the Disease Causing Death, Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAM PA OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinform d state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State of death ____yrs.____mos.___ds. (State or country) s should ment of 0 Where was disease contracted, if not at place of death? KNOWLEDGE 14 THE ABOVE IS TRUE Every item CIANS sho statement Former or usual residence. PLACE OF BURIAL OR REMOVAL (Address) 20 UN DERTAKER DDRESS Filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

in

deaths from

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Automobile fectory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, laborer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; L. stated unless important Example: Measles use of "Tumor" for malignant neoplasms); Meosles; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite discase 7 Inanition, " "Marasmus, " "Old Age, " "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial resulting from childbirth or miscarriage cough; Committee on nephritis, Chronic chopneumonia (secondary), etc. affection need not be valvular heart Nomenclature of the The Always qualify all contributory (disease disease ;

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V. S. No. 1

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U.S.		te stated
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FOR	IS A	ACE
VED #	-THIS	ipplied.

Village or City	holasto Hallo.		TRANT BOOKSARveywood control by Makin Late Cal	St.: Ware	d) (If death occi a hospit d or tion, give its N
2FULL	NAME John W.	Brook)		stead of stre number.)
PERSONAL	AND STATISTICAL PARTICE	JLARS	MEDICA	AL CERTIFICATE	OF DEATH
Male 1	COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word	S.	DATE OF DEATH	a eff.	
6 DATE OF BIRTH	Nov 18	, 1929	ang 2 1	CERTIFY, That I a	
7 AGE	(Month) (Day)	If LESS than and I day hrs. The		ed on the date state	. 10
occupation (a) Trade, profes particular kind o (b) General natur	work Male		9,000		
(a) Trade, profes particular kind o	e of industry lishment in or (employer)		Contributory Secondary	(Duration)	yts. mos.
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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in dome-tic service for wages, as Servent Cont. Housemand, et . If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer. Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return". Laborer, ""Foreman," "Manager," "Deal-Physician, Compositor, Architect, 6 yrs .. For many occupations a single word or term on For persons who have no occupation person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis": Dinhiberia, avoid use of "Croup"); Typhoid feor never report "Typhoid Pneumonia,"

> > telanus) may be stated under the head of "contributory." approved by Committee on catbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Meusles (disease American Medical Association.) as fracture of skuil, and consequences e.g., sepsis, actident; Revolver wound of head-homicide: Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritanitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite; Tuberculosis of lungs, men-(Recommendations on statement of cause of State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Nomenclature of the Measles ; not be etc., of

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BINDIA

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	14042 STATE OF MARYLAND
County It. Many	CERTIFICATE OF DEATH
County	302
	Registration Dist. No.
Village or City Budds Cuk (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Boly Brawn	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
WIDOWEO, OR DIVORCED	Nw. 7-5, 1930
Male (Write the word)	(Month) Most (Day) 25 (Year) 93
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nov. 25 1930	19 <u>50</u> . to , 192 ,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. or \(\nu \) min.?	Still harm
(a) Trade, profession or	affecantly dead week or mare
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) a loudds Cuck	Contributory Secondary
1 10 NAME OF	(Duration) yrs
FATHER Than as Francis Brown	(Signed) Clarpius C. Weld, M. D.
11 BIRTHPLACE	Mr. 25 1980 1930 Address) Claplico Md.
OF FATHER (State or country) Budds Creek Med.	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Laure Bush	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country) Buds Cuife Md.	of death yrs mos. ds. State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Informant) J. Trumbo Brown	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
(Address) Budas Crub md	John Wesler Church Nov. 26, 1930
15 - 700 15 with 1 house	20 UN DERTAKER AODRESS
Filed///// 1971/ 1971 Registrar	Thomas Frank Brown Buddo Ceek _
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the dutics of the household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewije*, *House*er," etc., Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it Housemaid, etc. to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dcalnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queslaborer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile foctory. The material first line will be sufficient, e. g., Farmer or Planter, or For many occupations a single word or term on yrs). Form loborer, (b) Cotton mill; (a) Salesman, At Home, and children, without more precise specification as Day For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. Womnot gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrose; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death tetapus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Pvisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important Example: Measles (disease can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; ... (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Corcinoma, Sarcoma, Never report mere symptoms or terminal condior intercurrent) affection need Chronic chopneumonia (secondary), etc. The contributory valvular heart discase; not be etc., of

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BINDI

RESERVED

MARGIN

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH (Month) 7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE

(State or country)

10 NAME OF FATHER

II BIRTHPLACE

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15

OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country) SINGLE.

MARRIED.

WIDOWED
OR DIVORCED
(Write the word)

(Day)

MY KNOWLEDGE

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1	6	()	6	4

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No. 287

(If death occurred in a hospital or Institu-

tion, give its NAME is -

MEDICA	AL CERTIFI	CATE O	DEATH	
	AL CERTIFIC	CATE OF	DEATH	-
16 DATE OF DEATH	14	-	29.	109 4

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17 HEREBY	CERTIFY, TH	nat I atter	ided the de	ceased from
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hat I last saw hand	nalive on	(Q	et 25	1970.
and that death occurs	red on the dat	te stated a	bove, at	a.P. m
The CAUSE OF DEAT				
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Contributory Secondary	*********************			*****************
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Signed)		PY	Bear	м. г
Oc + 29 1920		rent	milla	ms
*State the I is Violent Causes, sta Accidental, Suicidal	s aso Causing		or, in dea ry and (2)	ths from Whether
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of deathyrsmover of deathyrsmover or	acted, h?		DATE OF	BURIAL
Where was disease contr f not at place of deal Former or soul residence	L OR REMOVA		A 1	BURIAL 30, 19.30
of death yrs m. m. Where was disease control in out at place of death or or mer or issual residence	L OR REMOVA		A 1	-

(Year) IIILESS than I day hrs.

If more banks are needed, addre-s ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

on back that it may See instructions Important. Very 9 information si state CAUSE OCCUPATION I S should state CIANS should statement of

No. 1

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state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmen (reor given up on account of the DISEASE GAUSING DEATH, Housemuid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Paysician, Compositor, Architect, Locomotive engineer, ." etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same 'disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

NOV

Recommendations on statement of cause of telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) Chronic valvular heart discase; affection need not be etc. The contributory M casles;

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N. B.--Every Item of Information should be carefully supplied. ACE should be stand EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. SECORD FOR BINDING , WITH UNFADING INK--THIS RESERVED MARGIN

S No. 1

Village or City Palmers (N)	PLACE OF DEATH	03249 STATE OF MARYLAND
Village or City Alnes. (No. St.: Ward) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SUNGE D. WISCOMES. (No. 1) 10 DATE OF BURNAL 6 DATE OF BIRTH In and 1 1 12 20 (Noth) (Day) (Year) 7 AGE (Month) (Day) (Year) 17 I HEREBY CERTIFY. THAT I attended the deceased from min and that death occurred on the steated above, at 1 1922. That I late saw histon alive on man 1 1 1	County Land 5+ may's	CERTIFICATE OF DEATH
St. Ward a "destine occurred in uniform to particular was as follows: FERSONAL AND STATISTICAL PROPERTY A COLOR OR RACE SINGLE MARKETED. WHO WE CHAPTOR WAS CHAPTOR (Month) (Day) (Year) TO AGE BLESS than ILASS than I	Po	Registration Dist. No. 2 1-6
PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE SINGLE MARKETO, WHOWEE WHOWEE OWNER OMEDICAL CERTIFICATE OF DEATH 16 DATE OF BIRTH A COLOR OR RACE OWNER OMEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended the decease from 18 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 3 BIRTHPLACE (State or country) Palmer Do NAME OF FATHER Palmer Do NAME OF FATHER Corp ATTER OF ATTER O	Village or City / almers (No	St. Word) (If death occurred in
3 SEX M. 4 COLOR OR RACE MARKTED. WISOMES. (Wind the World) 6 DATE OF BIRTH March	2FULL NAME Edwin Bra	tion, give its NAME I: - stend of street and
3 SEX M. W. MARNTESS OR OF WORKES (Write the word) 6 DATE OF BIRTH M. M. (Day) (Year) 7 AGE (ILLESS than and that death occurred on the date stated above, at (1, 1922, 1924) 8 OCCUPATION TO SET IN THE COUNTY Palmers (B) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE OP FATHER OP OF MOTHER OP ONOTHER (State or Country) 12 MAIDEN NAME OP OF MOTHER (State or Country) 13 BIRTHPLACE OP OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed J. J. 1930 P. V. Palmers (Address) 15 Filed J. J. 1930 P. V. Palmers (Address) 16 DATE OF DEATH (Month) (Mo	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE Age Company Com	m. W. MARRIED, WIDOWED. OR BIVORCES	16 DATE OF DEATH Mach 11, 1980
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		Des. In. Drangan Palmer. Ind

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engincer, tion applies to e.ch and every person, irrespective ci whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many (re-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E.haustion," "Heart failure, Haemorinage, "Shock," "Shock," "Alacase, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. American Medical Association.) Examples: A ccidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all quations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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04579

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 282

St:	Ward)	(If death a hospital tion, give I stead of number.)	ts NAMI	E is -
CERTIF	CATE	F DEATH		_

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
(Month) (Day) (Year)
17 I HERBY CERTIFY, That I attended the deceased from
193) . to
that I last saw h free alive on for the first of 192),
and that death occurred on the date stated above, at & Solom,
The CAUSE OF DEATH * was as follows:
- fig. The state of the state o
Aslesso Aclesson.

(Durstion) Jyrs. mos ds,
Contributory
Secondary
(Durstion) yrs
(Signed) of J. Brewelle McD.
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*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
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if not at place of dea.h?
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19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
of Velen Concessory Config 1930
20 UNDERTAKER
Jose to Malder Clor Jemandhow
, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without more Processing the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation who are engaged in the duties of the But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature of the Always qualify all disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

N.

PLACE OF DEATH County Hary L	04580 STATE OF MARYLAND CERTIFICATE OF DEATH
0 0	(129) Registration Dist. No.
Village or City Associatile (No. 2FULL NAME Hilliam Carrard	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MODIOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH October 1986 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1920. to 1920. that I last saw h malive on 1920.
7 AGE If LESS than I day hrs. or min. min.	and that death occurred on the date stated above, at 5 - 4 a.m. The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Hasal hemoshafe
10 NAME OF FATHER Pichard Brown. 11 BIRTHPLACE OF FATHER (State or country) Program 9.	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLAGE OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yes mos ds State yes mos ds
(State or country) Thanya Ct Mc. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Assie From.	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address) Jastoesville Ha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

state occupation and many poliness. If retired from Spinner, (b) Cotton should be used only when needed. As examples (a) additional line is provided for the latter statement; it nature of the Lusiness or indutry, and therefore an sary to know eases, especially in inductiful employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusines . That for in which and that; Farmer in or given up on an ount plant bis in E CAUCING DEATH, gaged in dome the service for wages, as Sommet, Cook, Housemand, etc. If the remination has been changed ployed as At how a from . Caro and de taken definite salary, may be energiate How wife, Houseen at home, who are engaged in the duties of the household only not said Harring re who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer Carl mine, etc. Womworked on may form part of the second statement. Never return "Laborer." "For man," "Manager," "Deal-Physician, Compositor, whatever wrte \ to report specifical, the constinution of Foreman, (b Autonobil or At Hone and For many occupations a single word or term on 17. Stationary fireman, et. But in many (a) the kind of work and If the command in both changed wrent who have no occupation m'''! (1) Sul na. factory. The material Locomolive engineer, at mainfully Ferrons enalso (b) the Grocery, em-

Streems to the December of the December of the Color of the December of the Color of the Color of the Same accepted the term for the Lane Alexander of the Color of the Color

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; American Medical Association. approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid -- probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature Chronic affection need not be etc. The valvular heart disease; Always qualify all eontributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the datu is essential and must be obtained before the certificate is permanently filed.

ECEIVE

V. S. No. 1

N. B.-

	1PLACE OF DEATH	06967	STATE OF MARYLAND
	County St Mary .		CERTIFICATE OF DEATH
		129	Registration Dist. No. 284
Vil	lage or City Chelocte Hacks.	0 0	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME i stead of street and
	2FULL NAME Blanche Bus	Kler:	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
3 5 FE	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) Arrival	16 DATE OF DEATH	July (Month) (Day) (Year)
6 1	DATE OF BIRTH Queg 2 , 1888	17 I HEREBY	CERTIFY, That I attended the deceased from
7 /	(Month) (Day) (Year) AGE If LESS than I day hrs.		red on the date stated above, at
X	2 yrs. 60 mos. 15 ds. or min.? OCCUPATION a) Trade, profession or articular kind of work b) General nature of industry ousiness, or establishment in	Chroni De sur le	C Valorda Heart
11 -	SIRTHPLACE (State or country) St Man. C.	Contributory Secondary	(Duration) nosds.
10	10 NAME OF FATHER Bernard Long.	(Signed) Tex	c (Address) to Rolesto I to al
RENT	OF FATHER (State or country) 12 MAIDEN NAME	Violent Causes, st Accidental, Suicidal	
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MA	ients or Recent Re At place of death yrs	In the State yrsds.
14	(Informant) Crebiler 13 william	if not at place of dear Former or usual residence	h
	(Address) Chalosto / tase:	OU FOLL	l Chruh. June 19, 1986
15	Filed June 18 1930 L. Jacker	20 UNDERTAKER	Luade Du Bors

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cottan mill; (a) Solcsman. sary to know Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation - Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day Campositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (q) the kind of work and also (b) the Loborer-Coal mine, etc. Wom-6 The ques-Gracery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dishiblicria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia" "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease Examples: Accidental drowning; Struck by railway train American Medical Association. (Recommendations on or intercurrent) affection need not be statement of cause of etc. The contributory Nomenclature of the Mcasles;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

9. 8 No. 1

County St. Many County St. Ward) PERSONAL AND STATISTICAL PARTICULARS SEX A COLOR OR RACE OF DEATH SEX MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH 16 DATE OF BERTH 17 I HEREBY CERTIFY, That I attended the deceased from I happital and that death occurred in the state of state of the state of th	PLACE OF DEATH	STATE OF MARYLAND
Village or City Afell (No. The St. Ward) a hospital or insettution, give its NAME insettion, give its NAME its NAME insettion, give its NAME inse	County St. Marys	110610
Village or City WILL (No. Medical Country) PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SINGLE MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 7 AGE MILLESS than I day has been added to the deceased from mind the particular kind of work and that death occurred on the date stated above, at the state of the particular kind of work and that death occurred on the date stated above, at the state of the particular kind of work and that death occurred on the date stated above, at the state of the particular kind of work and that death occurred on the date stated above, at the state of the particular kind of work and the death occurred on the date stated above, at the state of the particular kind of work and the death occurred on the date stated above, at the state of the particular kind of work and the death occurred on the date stated above, at the state of the particular kind of work and the death occurred on the date stated above, at the state of the particular kind of work and the death occurred on the date stated above, at the state of the particular kind of work and the death occurred on the date stated above, at the state of the particular kind of work and the death occurred on the date stated above, at the state of the particular kind of work and the death occurred on the date stated above, at the state of the particular kind of work and the death occurred on the date stated above, at the state of the particular kind of work and that death occurred on the date stated above, at the state of particular kind of work and the death occurred on the date stated above, at the state of particular kind of work and the state of particular kin		199-6
PERSONAL AND STATISTICAL PARTICULARS 3 SEX	Village or City Well (No.	mal
AGE ACOLOR OR RACE SINGLE WIDOWORD	02 61 - 16	a hospital or institution, give its NAME instead of street and
16 DATE OF DEATH Walle Wille Wille MARRIED WILLS Willowerseep (Write the word) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
17 I HEREBY CERTIFY, That I attended the deceased from (Somethin (Day) (Your) (Address) (Nate or Country) (Signed) (S	MARRIED, WIDOWED WIDOWED	16 DATE OF DEATH 7 5 , 198 ()
that I last saw h Long alive on 1937 of min. 1937 of min. 2 occupation (a) Trade, profession or about Authority business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 Madden Name (State or country) 13 BIRTHPLACE (OF MOTHER (State or country)) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 7-5= 1930 N.V. Fallman (Registra) 15 Filed 7-5= 1930 N.V. Fallman (Registra) 15 COMPRESS (Chaptrona) 16 COMPATABLE (Chaptrona) 17 The CAUSE OF DEATH was as follows: 18 DISTABLE and that death occurred on the date stated above, at	6 DATE OF BIRTH	
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SOCCUPATION (a) Irade, profession or about Autovad (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (OF FATHER (State or Country) 12 IMALDEN NAMS OF MOTHER (State or Country) 13 BIRTHPLACE (Name of Common	7 AGE [If LESS than	and that death occurred on the date stated above, at / am
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which employed or (employer) BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MADDEN NAME OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address	(b) General nature of industry	C de
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*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 BIRTHPLACE OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if nor at place of death? Former or usual residence (Address) Fundamental Causes and State yrs. mos. ds. Filed 7-52 1930 N.V. Fallows Registral *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if nor at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Chapteroline Accidental, Suicidal or Homicidal. Registral	FATHER Richard Budalu	(Signed) / W. V. Calliu M. D.
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(Address) Princy Le Sacret Heartung 7-7-, 1930 20 UN DERTAKER Registral Registral 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ON ADDRESS Chapterous	(Informany) Victory Chris	
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Filed 1-3- 1980 VC.V. Valence Registras a. C. Wilch Chapterone	(Address) MUY Up	Sacraf Heartine 7-7-, 1930
if more b.anks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	Filed 7-5= 1980 N.V. Falmur Registra	a.C. Wilch Charbook
	if more b.anks are needed, addre.s Ltate Negistra	r, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-,, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); s. inal menin_itis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "(E haustion," "Heart failure," "Паетоггладе, ""Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Haemorrhage," st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need not be valvular heart Measles ; disease;

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Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Locomolive engineer,

Strtement of Cause of Death—Name, first, the mismaxis EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul s, inal meningitis"); Diphtheria (avoid use of "Croup"; s, inal meningitis"); Diphtheria (avoid use of "Croup"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train approved by Committee on Nomenclature "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE thould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. G-8-0 WITH UNFADING INK--THIS IS A PERMA MINLY WRITE

BINDIA

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	01921 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Village or City St Deerjon Sulle 2FULL NAME Olevice Bulle	St.: Ward) St.: Ward) St.: St.: Ward) St.: St.: Ward) St.: St.: St.: St.: St.: St.: St.: St.:
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Youth) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1980 to 70 , 1980 that I last saw here alive on 70 , 1980,
7 AGE If LESS than I day hrs.	
o yrs. mos. d ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. ds.
10 NAME OF FATHER TO END MEETING 11 BIRTHPLACE OF FATHER (State or country) 2 (State or country) 12 MAIDEN NAME	(Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mons of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER DEVILINE 13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER OTHER OF MOTHER OTHER OT	18 L'NGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Frough Deelles,	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) A July Mel	Steller Center 7311.00
Filed Felt - 9 198 d Y. O King Rogistrar	20 UN DERTAMER HEUSEN JOHESS
If more bianks are needed, addre a State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmore (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekcepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect. tion applies to cach and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery: eman, (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences e.g., sepsis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of takenus) may be stated under the head of "contributory." durbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al causing (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by radioay train-American Medical Association.) perdonaeum, etc., Carcinonu, Sarcoma, etc., of interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need Chronic valvular heart discase; etc. The Nomenclature of the contributory not be

If this certificate is looked over thoroughly and all questions angwered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N.

Filed DOT, 15 180

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PLACE OF DEATH County Mary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Disk No. 280
2FULL NAME PRODUCTION BUILD	St.: Ward) (If death occurred in a hospit t or institution, give its NAME 1 - stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 23 , 193 (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
yra. mos. ds. or min.? S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer).	The CAUSE OF DEATH * was as follows: Cloude Herry - ellews Soth Durlaulanum (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER BUILLEY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER DOES INVENT	Contributory Secondary (Durstion) (Signed) (Addres) (Signed) (Signed) (Addres) (Signed) (Addres) (Addres) (Durstion) (Page (Page 1) (Signed) (Addres) (Signed) (Addres) (Addres) (Addres) (Durstion) (Addres) (Addres)
(State or country) Ser fuels 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Mondae	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Mittys Cig My	Strang Cili, Ost, 25. 1000

If more bianks are heeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20 UN

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of octired 6 yrs). business, that fact may be indicated thus; Furmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewije, House-work, or At Home, and children, not gainfully emen at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal nanc, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, rener, (b) Cotton mill; (a) Salesman. (b) Grocery.
Foreman, (b) Automobile factory. The materia For many occupations a single word or term on specifically the occupations of Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomoline engineer, persons Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: *Cerebrospinul fever* (the only definite synonym is "Epidemic cerebrospinul spinal meningitis"): *Dishlikeria* avoid use of "Croup"); *Typhoid fever* never report "Typhoid Pneumonia"); *Lobar pneumonia, Branchopneumonia* ("Pneumonia,")

Ca (Recommendations on statement of cause of approved by Committee on tehnus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) se fracture of skull, and consequences (e.g., sepais, carbolic acid -- probably suicide. The nature of the injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopmeumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainperitonacum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic valendar heart disease, Careinoma, Sarcoma, etc., of etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the dute is essential and must be obtained before the certificate is permanently filed.

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ESERVED MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in dome-tic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenuid, et .: If the occupation has been changed household only (not paid Housekeepers who receive a er," ctc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on yrs. For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the totanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, Chronic valvular heart disease; etc. The contributory not be etc., of

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYSI-	PLACE OF DEATH County M M ATT	12674 STATE OF MARYLAND CERTIFICATE OF DEATH
CORD EXACTLY, P	Village or City Benchman Ind	Registration Dist. No. 2 80 St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street an number.)
r cert cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NEN NEN NEN NEN NEN NE PER OF	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Det. 1930
FOR BINDI	6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192
ED Plied rms instr	yrsds. If LESS than day \(\triangle \) hrsds. ormin.?	The CAUSE OF DEATH * was as follows:
S. No. 1 WRITE AINLY, WITH UNFADING INK B. Every Item of information should be corrected to state CAUSE OF DEATH in plain to statement of OCCUPATION is very important. See	particular kind of work (b) General nature of industry business, or establishment in which emn', ed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NANE OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 1920 Registrar	(Signed) State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
Þ Z	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., www.laborer, laborer, laborer, are Spinner, additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (notified 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screaut, Cook household only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH laborer, Farm laborer, Laborer out mue, etc. wom-Civil engineer, Physician, Compositor, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Foreman, For many occupations a single word or term on (b). Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer, (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the MSSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic perebrospinal meningitis"); Diphiheria avoid use of "Group"; Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart fanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," as fracture of skull, and consequences (e.g., sopois, telunus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Meusles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The contributory

V. S. No. 1

N. B.

PLACE OF DEATH County St Many	05815 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 287
Village or City Celifornia (No	St.: Ward) (If death occurred in a hospitui or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, Married Widowed. Wale Black (Write the word)	16 DATE OF DEATH May
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from May 24 1970. to May 25, 1970., that I last saw home alive on May 25, 1970.,
75 yrs. 2 mos. 28 ds. ormin.?	and that death occurred on the date stated above, at 1020Pm. The CAUSE OF DEATH'* was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cercinome Intestines (Duretion) / yrs. mos de.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration)de,
10 NAME OF FATHER Clement a Carroll 11 BIRTHPLACE OF FATHER	(Signed) By Bea M. D. May 29 1970 (Address) Grant Malls Ind
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CANOLINA AND AND AND AND AND AND AND AND AND A	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) M.d.	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Clas O Miles (Address) Celifornia Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St Nicholas Cemeters May 30, 1930
Filed May 29 1920 Assean Med Local Registras	20 UNDERTAKER Richard Thomas Valley ley ha
If more banks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Statement of Occupation-Precise statement of octired-6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Womsingle word or term on (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Meakness," etc., when a definite disease "Always qualify all "Ezhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Recommendations on statement of cause of death Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

PLACE OF DEATH County St. we are S Village or City Surlumod 2FULL NAME Stillbo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital or Institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 4, 195 0 (Month) (Day) (Year)
3 4 0-	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he slive on 3 - 4 - 19230
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(State or country) (b) General nature of industry business, or establishment in which employed or (employer) S BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	(Duration) yrs
(Informant) Bull Call (Address) Bull Registras Filed 5-5-1930 M. Call Registras	Former or Usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER LUMENTAL ADDRESS BURIAL ADDRESS BURIAL ADDRESS BURIAL ADDRESS BURIAL ADDRESS
If more b.anks are needed, addre.s atate Negistrar,	16 W. Saratoga St., Bako., Kequesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to e.ch and every person, irrespective ci or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st_ted unless important. American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondar) or intercurrent) affection need not be st.ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-

properly classified. EXACTL stated Every item of information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back of BIND FOR K SI WITH UNFADING INK--THIS MARGIN RESERVED

V. S. No. 1

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PHYSI-

	1PLACE OF DEATH
	ounty St. Mary
Vi	ge or City Clements (No
	PERSONAL AND STATISTICAL PARTICULARS
3	may Black Single, Single MARRIED, Single MARRIED, OR DIVORCED (Write the word)
6	ATE OF BIRTH
	Ame 9, 1939
-	(Month) (Day) (Year)
7	yrs. mos. ds. ll day hrs.
000	Trade, profession or ricular kind of work General nature of industry siness, or establishment in hich employed or (employer)
9	RTHPLACE (State or country)
	10 NAME OF JAMES COUNTER V
NTS	OF FATHER (State or country)
PARENTS	OF MOTHER THE COUNTY
	13 BIRTHPLACE OF MOTHER (State or country)
14	(Informant) Mahalim July
	(Address) DleMell
15	Filed # 12 1923 D. A. M. Johnson

01932 STATE OF MARYLAND CERTIFICATE OF DEATH

99-0

Registration Dist. No. 200

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ADDRESS

	MEDICAL	CERTIFICA	TE OF DEA	1 FL
16 DATE OF	DEATH	Fel	12	, 1930
40.000000000000000000000000000000000000	****************	(Month)	(Day)	(Year)
17 I	HEREBY C	ERTIFY, That	I attended the	e deceased from
•••••		192 to	,	, 192
that I last sa	aw ha	live on		, 192,
and that dea	th occurred	on the date	stated above, at	m,
The CAUSE	OF DEATH	* was as follo	ws:	
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	By I	(Duration)	yes.	ds.
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11/2 /2	(192)	(Address) YN	mannea	}
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Violent C	auses, state	(1) Means	Death, or, in of injury and	(2) Whether
	Suicidal or		V V	
	OF RESII		Hospitals, Inst	itutions, Trans
At place of death	yrsmos.	ds.	In the Stateyrs.	ds
Where was di	sease contract	ted,		00000000000000000000000000000000000000
Former or usual residence				*********
10 PLACE O	F BURYAL C	OR REMOVAL	DATE	OF BURIAL
777			Hel	1/2 27

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The inatcrial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," can be ascertained as the cause. Always qualify all causing death), 29 ds.; L. stated unless important inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Committee on Chronic Example: Measles (disease chopneumonia (secondary), valvular heart discase etc. The contributory Nomenclature

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PLACE OF DEATH STATE OF MARYLAND 05816 CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME irstead of street and **2FULL NAME** number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH 17 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at .. I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in importa which employed or (employer) Contributory BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF FATHER 8 11 BIRTHPLACE ENTS OF FATHER State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury or, In and (2) Whether (State or country) Accidental, Suicidal or Homleidal, 12 MAIDEN NAME PARE 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death State.....yrs.....mos.... (State or country Where was disease contracted, if not at place of death? Former or usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL (Address ADDRESS 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No.

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enlaborer, worked on may form part of the second statement " etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant meoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Exhaustion, "Debility" ("Congenital," causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; 99 "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease :hopneumonia (secondary), The n.ture of the injury, affection need not be etc. The Nomenclature " Haemorrhage, contributory

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	WRITE AINLY, WITH UNFADING INK-THIS IS A PERMACENT CO	-Every Item of information should be carefully supplied. ACE should be stated EX	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly of	statement of OCCUPATION is very important. See instructions on back of certifical
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1PLACE OF DEATH	STATE OF MARYLAND
County STIMMENT	CERTIFICATE OF DEATH Registration Dist. No.287
Village or City Kensson (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h malive on Ass 2
7 AGE 3 If LESS than dayhrs. ormin.	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 1 10 NAME OF	(Duration)
FATHER OF FATHER (State or country) State or country) OF FATHER OF FATHE	(Signed) M. D. *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) A MAIDEN NAME OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place In the State yrs mos ds. Where was disease contracted,
(Informant) Lamphy (Address) Leave True Held	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Auschala husch May 1, 1980
Filed May, 1980 Pysem hot Registras	20 UNDERTAKER James Smith Keassons MO

. 1. If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga

(Approved by U. S. Census and American Public Health Association.)

er," etc., willow the month of specification as Day laborer, Ferri quest from the duties of the household orly the month of the from the f fulness of various pursuits can be known. The quesstate or up tion at Princip children. It retired from guged in dorn to early wag a North, Cook, House wild, etc. If the occupation has been changed definite and is, many entered as How wife, Howse-work, or the Howse common and minimize semployed as the house taken Spinner, should be used only when readed. A examples: (a) additional line is provided for the latter statement; it sary to cases, especially in industrial employments, it is neces-Physician, Compositor, Archivet Locomotive engineer, Civil regimeer, Stationary ironan, etc. But in many cupation is very important, to that the relative healthbusines ., that is a first ted this; Farmer (reor give up or a land of the first of auting Death, to report specially communicated parsons enployed .s 4/ .- .. nature of the buling or indistry, and therefore an the first line will be ufficient, e. ... Farmer or Planter, tion applies to each and every Statement of Occupation - Precise statement of ocworked on may form pert of the second statement.

Never return "Tabore" "Townman," "Manager," "Deal-Foremen, L. M. Mile factori. For many occupations a lingle word or term on KHOW o Caler # 1: (a S. cema). Fr grame who have no occupation 'a the kind of work and also (b) the and the specification as Day person, irrespective of Manager,""Deal-The materia Grocery,

Strtement of Charles of December for the piston of the pis

diseases resulting from childbirth or miscarriage as "PUERPERAL septiciamia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid - probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "E:haustion, "Debility" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrity, etc. The contributory (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite; Tuberculosis of lungs, men-American Medical Association.) (elanus) may be stated under the head of "contributory." taken. Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS STATE MEANS OF INJURY on," "Heart failure," "Iaemorrhage," Committee on Nomenclature Chronic valvular heart disease; Always qualify all

V. S. No. 1

PLACE OF DEATH County St Manage	06029 STATE OF MARYLAND CERTIFICATE OF DEATH
	159-6) Registration Dist. No. 287
Village or City Hellywood (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME it stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH May 3 (, 1930 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1980 to 1976, that I last saw hamalive on Many 3(, 1976,
7 AGE If LESS than I day 3 hrs. ormin.?	and that death occurred on the date stated above, at 2 P. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)
1) BIRTHPLACE OF FATHER OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Mulden Manual Manual	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of death yrs
(Informant) J Hony Chase (Address) Hollywood Ind	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL LANGE 2, 19 7.1.
15 Filed June 1 1980 African hed Lace Registrar	Henry Chase Hollporofke
If more blanks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEARS CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid Jewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; "E:haustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Always qualify all stited unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely s; mptom causing death), 29 ds.; Bronchopneumonia (secondary) (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railwoy train taken. FOR VIOLENT DEATHS State MEANS OF INJUNY "Atrophy," "Collapse, Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be ass important. Example: Measles (disease Chronic ," "Coma, valvulor hoort disease; etc. The " "Convulsions, contributory death

If more banks are needed, addre s Ltate Kegistrar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respectto time and causation), using always the same acceptaed term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, TRecommendations on statement of cause of death st_ted unless important. (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping FOR VIOLENT DEATHS State MEANS OF INJULY by cough; Committee on Nomenclature of the Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions amswertd in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

13

PLACE OF DEATH County St. marys	04581 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Palmer (No.	Registration Dist. No. 28 6
2FULL NAME Joseph Sen	reca Chaseldine a hospital or institu- tion, give its NAME 11- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Single, Married, Willowed, OR DIVORCED (Write the word)	16 DATE OF DEATH Office 11th, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH 22 arch 31st, 1860 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2192 7 100 1988. that I last saw h malive on 6 th grad, 1922,
7 AGE If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) 2 yrs, mos, ds.
which employed or (employer) gatting fan. 9 BIRTHPLACE (State or country) ma	Contributory Secondary (Puration) yrs
10 NAME OF Gerand Cheselohne	(Signed) Maein B. Sent M. D. 4-12 198 O(Address) Oakley
OF FATHER (State or country) Mol	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / Lebe cea Ollis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Mod	At place of death yrs
(Informant) Colmer Chesildine	if not at place of dea.h? Former or usual residence
(Address) Palmers Mol	Sacred Heart Cember april 14, 1930
15 Filed 4-12- 198-8 N. Caleur Registras	a c Watch Shophis me
If more banks are needed, address Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed Spinner, (b) Cotton will; (a) Salesman. (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer; Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager." "Dealbusines ... that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report work, or Al household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. whatever, write None. For many occupations a single word or term on Farm laborer. yrs. For persons who have no occupation without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Home, and children, not gainfully em-Stationary fireman, etc. (a) the kind of work and also (b) the Laborerperson, irrespective of Coal mine; etc. Locomotive engineer, The material But in many (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEAL CARCAGE CAUSE OF DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on cough; for which surgical operation was under-ChronicExample: Measles (disease " "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature need Measles; not be disease; " etc. as

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH - 1844

(Approved by U. S. Census and American Public Health Association.)

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tion applies to each and every person, irrespective of cupation is very important, so that the relative healther," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part, of the second statement. Sphracer, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also; (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect. Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations ployed, as At school or At home. Care should be taken work, or At definite salary), may be entered as Housewife, House whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (re-Housemaid, etc. If the occupation has been changed Statement of Occupation .- Precise statement of oc-古三年奉 日 For many occupations a single word or term on Home, and children, not galufully em--Coal mine, etc. Womof persons en-The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever: (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typkoid Jever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

unquitified is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," stated unless important. Example: Meastes (disease causing death), 29 ds.; Bronchopneumonia (seconduse of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ary), 10 ds. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc.: The contributory diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlen," "Heart failure," "Haemor Yulsions." (uame origin; "Caneer" is less definite; avoid ment of cause of death approved by Committee head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia." "Puerperal peritonitis," "Uraemia," "Weakuess," etc., when a definite disease Whodping cough; quences Poisoned by carbalic acid-probably suicide. Examples: taken. State cause Nomeniclature of the American Medical Association.) FOR VIOLENT DEATHS State MICANS OF INJURY (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.) Accidental drowning; Never report mere symptoms or terminal for which surgical operation was under Chronic valvular heart discase; (Recommendations on state-"Anaemia" Struck by railway Meastes; (merely

If this dertificate is looked over thoroughly and all questions this wide in detail, it will prevent further correspondence. All the data is essential and must be obtained before the confine is permanently filed.

CEN T 4 IS

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. 2 d EXACT (If death occurred in Ward) a hospital or institution, give its NAME i. - stend of street and number.) ope prope of ceri PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE 16 DATE OF DEATH MARRIED 99 may be n back WIDOWED. /CC OR DIVORCED ouici (Write the word) (Monch) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from uction (Month) (Day) (Year) that I last saw h Malive on 7 AGE If LESS than and that death occurred on the date stated above, at / Q CAUSE OF DEATH * wils as follows: uppilled I day hrs. min.? 8 OCCUPATION te 99 (a) Trade, profession 00 particular kind of work plai (b) General nature of industry business, or establishment in importa which employed or (employer) (Duration) I 9 BIRTHPLACE Contributory Secondary (State or country) be EA7 (Duration 0 10 NAME OF 0 11 BIRTHPLACE OF FATHER HZ e the Disease Causing Death, or, in Causes, state (1) Means of Injury and (State or country) 20 ш Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-00 ients or Recent Residents) CCU 13 BIRTHPLACE At place OF MOTHER In the 318.....mos. State yrsds. (State or country) ould of o Where was disease contracted, if not at place of dea h? 817 Former or usual residence Every It CIAMS stateme ACE OF BURIALIOR REMOVAL DATE OF BURIAL If more branks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requisting V. S. No. 1.

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can he known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wombusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on home, who are engaged in the duties of the 1/18). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons Stationary fireman, etc. But in many who have no occupation persons en-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diablhoria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Brouchopneumonia ("Pneumonia,"

"Exhaustion," "Heart failure, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "PUERPERAL scplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing (secondary use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of tetunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-Whooping cough; Chronic American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinomu, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopncumonia (seeondary), interstitial nephritis, or intercurrent) affection need etc. The contributory valvular heart disease; not be ete., of

Yewale Ploud (Write the word)	16 DATE OF DEATH (Month) (Day)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended th
B OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows: Jukulinus four
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Signed) State the Disease Causing Death, or, in Yolent Causes, state (1) Means of Unjury and Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Insients or Recent Residents) At place of death yrs mos ds. State yrs Where was disease contracted,
(Informant) D. E. Colle (Address) Chaphic Filed Gonila T 1930 All 3 Johnson Registrar	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDR ADDR 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.
	MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE (State or country) 10 NAME of FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Laphico

Village or City

3 SEX

²FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 SINGLE,

04582

(31)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registr	ation L	ist, Nox
St.:	(Ward)	(If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
MEDICAL CERTIFIC	ATE O	F DEATH
16 DATE OF DEATH	il	27, 1980
17 I HEREBY CERTIFY, The		(Year) Inded the deceased from
192 to		, 192,
that I last saw halive on		a 1 11 D
and that death occurred on the date The CAUSE OF DEATH * was as followed.	stated a	above, at A. J. J. m.
Tuterednis	d	200
500/0000	1	www.
(Duration	, 3	yrsds.
Contributory Secondary LDydio	n)/	
(Signed) 28 1980 (Address) 2	m	WW. M. D.
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, of Inj	or, in deaths from ury and (2) Whether
1B LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospit	als, Institutions, Trans
At place of deathds.	In the State	yrsds
Where was disease contracted, if not at place of death?		
Former or usual residence	50- 000 0000000	
St. Sallas		DATE OF BURIAL
20 UNDERTAKEN HELER	P	Chaplico

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH whatever, write None. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Housemaid, etc. If the occupation has been changed to report household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer, As examples: (a) (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

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-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD WITH UNFADING INK-THIS IS A PERMACENT MARGIN RESERVED FOR BIND AINLY

V. S. No. 1

WRITE

N. B.-

	PLACE OF DEATH	12675 STATE OF MARYLAND
	County of mary	CERTIFICATE OF DEATH
		Registration Dist. No. 272
ilicato.	Village or City Surandsowy No	St: Ward) (If death occurred a hospital or institution, give its NAME is stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ח ממכש	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOSSULF WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH	(Month) (Day) (Year)
0	(Moral) (Day) (Year)	that last saw he alive on Of the 182
non nen	7 AGE 16 LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
200	(a) Trade, profession or particular kind of work	linkacked Ridney Con Refisels
mportant.	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Asserts Allsware
1000	10 NAME OF FATHER Savid Hammed II BIRTHPLACE OF FATHER (State or country) of mongrobs and	(Signed)
	of MOTHER Stewnella Control 13 BIRTHPLACE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place In the
	OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs death
	(Informant) I Walter levele	Former or usual residence
	(Address) Jewnerdsown My	Freakhaille Cemetary Of 10 1980
-	Filed / O 1923 Carealer Registrar	Win & mattingley Jewnerdtown
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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STATE OF MARYLAND CERTIFICATE OF DEATH Count Registration Dist. No. classifie (If death occurred in Ward) a hospital cr institution, give its NAME in-stead of street and properly clas number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 7 4 COLOR OR RACE 5 SINGLE. 3 SEX pe may be WIDOWED OR DIVORCED (Day) (Write the word) 6 DATE OF BIRTH (Day) (Year) (Month) and that death occured on the date stated above IIf LESS than 7 AGE The CAUSE OF DEATH I day hrs. ds. or min.? 8 OCCUPATION RESERV (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory Secondar MARGIN 9 BIRTHPLACE (State or country 10 NAME OF 11 BIRTHPLACE on u *State the Discase Causing Death, or, in deaths from OF FATHER CAUSI Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. RE 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) In the At place of death yrs mosds. State.....yrs.....mos..... ō Where was disease contracted, 0 if not at place of death?.. shoul of Former or usual residence. FDACE OF Ø statem EVERY If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDIN AINLY, WITH UNFADING INK-THIS IS A PERMA MARGIN RESERVED FOR WRITE

V. S. No. 1

PLACE OF DEATH	114584 STATE OF MARYLAND
County So Manya	CERTIFICATE OF DEATH
	Registration Dist. No.
7. 12//	Registration Dist. 100.
Village or City Seat fut (No	St.: Ward) (If death occurred in hospital or institu-
W 40.6	tion, give its NAME is- stead of street and
2FULL NAME My an lecclia	loomber, number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED, OR DIVORCED	1, 1920
Vernale Mil (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1 Dail 12 1930	192 . to 192 . , 192 .
(Month) (Day) (Year)	that I last saw he alive on April L. 62, 1980,
7 AGE [If LESS than	and that death occurred on the date stated above, at 4 k.m.
I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. /2 ds. or min.?	Bronchial Rnewmonac
BOCCUPATION	A Ble boll of firth not norma
(a) Trade, profession or	with the same of t
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory ronnalsions
9 BIRTHPLACE	Secondary
(State or country) Marya (MA)	(Durstion) Tros Tods.
10 NAME OF	(Signed) 13 somm D. M. D.
FATHER Charles Moda l'hoong	FUR 29 198D (Address) Levro and lown
II BIRTHPLACE	
CState or country) A Marya (3)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Ibnes Cera Und	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or country) A Marya Co Ma	of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
THE ABOVE IS TRUE TO THE BEST OF THE BEST	Former or
(Informant) Thasles It In Joons	usual residence
L X Mall Had	19 PLACE OF BURIAL OR REMOVAL
(Address) Islan Mark III	Holly lace Church Sprid 4, 1900
15 GA 1, 96 of 2/ 3/2/1	20 UNDERTAKER DODRESS P. DO
Filed P. 27 100 And Mars House	Lenoard Lecil Freat Mills
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
11 More Dianks are nected, addices clate registrat	,

(Approved by U. S. Census and American Public Health Association.)

sary to know on the kind of work and also (b) the cupation is very inner that, so that the relative health-fulness of various pursuits can be known. The queswhateser, write Non tired 8 yes. business, that fact state occupation at hoginal goldings. If refired from or given up on a recultural to I I'M E CAUSING DEATH, gaged in dente it with for vigor as Serrant, Cook, Houseword, et . If the occupation has been changed ployed as Accession work, or A. How. and children not gainfully em-ployed as A. A. S. and John Communication betaken en at home, who are engaged in the duties of the er," etc., without more precie specification as Spinner. (b) Colton will (a) Sil mon, (b) Groccon; (a) Foreman, (b) tubulable lever. The material worked on may form part of the second tatement. Never return "Laborer." Foreman ""Manager." "Dealshould be used only vien meded. As examples: (a additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planker, Physician, Compositor Architect, Locomotive engineer, tion applies to e chand every person, irrespective of Statement of Occupation-Precise statement of ocdefinite what, may are it of H modife, household only not taid Harmon who receive a report specifelly the occupations of persons enengineer, Stationary fireman, etc. For many ownparions a single word or term on Farm For real was live no occupation But in many House-Wom-Day

Striction of or the District of the District of the Plant of the Same accost of the Fig. 1. The Same accost of the Fig. 1. The Same accost of the Same of the Same

approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Wenkness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For victent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al atic), tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid Chronic affection need not be etc. The contributory valvular heart disease; etc., 01 death

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. 280 (If death occurred in EXAC ly class ficate. St.: Ward) a hospit I or institution, give its NAME i - stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE 16 DATE OF DEATH MARRIED. 90 may be WIDOWED. OR DIVORCED (Write the word) (Month) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from 1930. to Ciery 11 that (Month) (Day) that I last saw here alive on (Year 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATHJ* was as follows: SUJ min.? ter See B OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) impor I 9 BIRTHPLACE Contributory Secondary (State or country) (Duration) 0 10 NAME OF (Stoned) O OF FATHER Z *State the Discase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 20 (State or country) li. 12 MAIDEN NAM 00 4 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) d stat 13 BIRTHPLACE At place OF MOTHER In the of death .yrs......mos..... State.....yrs.....mos..... Where was disease contracted. Bhoul 10 14 THE ABOVE IS if not at place of death? statement Former or usual residence OR REMOVAL DATE OF BURIAL EVERY ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGI

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physicion, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesmon, (b) Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed Laborer-Coal mine, etc. Wom-Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telemus) may be stated under the head of "contributory." "PUERPERAL septicuemia," "PUERPERAL perilonibis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Fixhaustion," "Heart failure," "Haemourhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Brunchopneumonia (seeondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the eause. Always qualify al Whooping cough; (name origin; "Caneer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by ruilray train-Never report mere symptoms or terminal condiinterstitial nephritis, resulting from ehildbirth or miscarriage as Chronic valendar heart disease, etc. The contributory

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.28

(If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.)

MEDICAL CERTIFICAT

HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at (Duration) I iscase Causing Death, or, In deaths from

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the State vra mos.

19 PLACE OF BURIAL OR REMOVAL

If more blanks are needed, address tate Registrar, 16 W. Saratogs St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scroot, Cook, Housemoid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on W.S. For persons who have no occupation

Strtement of Cause of Death—Name, first, the DIS. EA IN CUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar meannonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; "Exhaustion," "Heart lanure, Liaemonnes," "Shock," "Shock," "Old Age," "Shock, causing death), 29 ds.; Bronchopmeumonia (secondary), stited unless important. Example: Measles (disease Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart discase; etc. The contributory

Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK---THIS IS A PERMANENT BINDIA MARGIN RESERVED FOR VINLY, WRITE 4. S. No. 1 E.

Z

PLACE OF DEATH County S Many S	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 & C
Village or City / Williams (No	Mud St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEDU OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw herealise on 1925.
7 AGE 64 (If LESS than I day hrs. Ods. or min.?	and that death occurred on the date stated above, et 2 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work to use the body General nature of industry business, or establishment in	gen debilie 1
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory allies School Secondary Ourse On Solice Secondary Ourse On Solice Secondary Ourse On Solice Secondary
10 NAME OF FATHER Cause Barres	(Signed) TMT Calcum M. D. 1-12-1980 (Address) averue uncs
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER SALE)	*State the Discase Causing Death, or, in deatha from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER (State or country)	At place In the of death yrs mos de. Where was disease contracted,
(Informant) Cultis (Address)	Former or usus residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed /-/2-18 ON V. Galuer Registral	20 UNDERTAKER a C. Wild Chaptres and
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Calton mill; (a) Salesman, (b) Gracery, (a) Foreman, (b) Automabile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the er," etc., without wire re---Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the Civil engineer. Stationary fireman, etc. But in many Physician, or given up on account of the DISEASE CAUSING DEATH. Hausemaid, etc. If the occupation has been changed ployed, as At school, or At hame. Care should be taken work, or At Hame, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer,'" (Foreman," "Manager," "Dealwhatever, write Nane. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Compositar, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia Branchapneumonia ("Pneumonia,")

> "PUERPERAL septicaemia," "PUERPERAL perilonilis, "('Exhaustion," "Heart failure, "Old Age," "Shock," stated unless important. Example: Measles inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid letanus) may be stated under the head of "contributory" carbolic acid—probably smeide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, or as prabably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumania (secondary) (secondary or intercurrent) affection need not be Whooping caugh; Chranic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of accident; Revalver wound of hood-homicide; Poisaned by approved by Committee on Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, ctc. valvular heart disease; Nomenclature The contributory (disease

V. S. No. 1

N. B.--

	PLACE OF DEATH County / Mary	04585	STATE OF I	
		(188-C)	Registration 1	Dist. No. 282
Vil	lage or City Hally was a 2 FULL NAME Philip &	Cursi	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS			
-			AL CERTIFICATE	OF DEATH
3 8	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO. OR OIVORCED (Write the word)	16 DATE OF OEATH	(Month)	2C, 192 0
6 1	DATE OF BIRTH 1909	17 HEREBY		Sille the deceased from-
	Sept. 19 1918	Cleer	1930. 16 Spr	el 26,193 d
}	(Month) (Day) (Year)	that I last saw h	alive on	, 192,
7 4	If LESS than	and that death occurs	ed on the date stated	above, atm.
	20 7 7 I day hrs.	The CAUSE OF DEAT	H * was as follows:	1
	yrs. mos. ds. or min.?	Jun 01		
15 (a) Trade, profession or	Jacan	y a	
	articular kind of work b) General nature of industry	Culomo	beh ace	ellent
b	usiness, or establishment in		(Duration)	yrsds.
1	rhich employed or (employer)	Contributory		
9 E	STATE (State or country)	Secondary		
	10 NAME OF		(Duption)	ds.
	FATHER Strales (cesicle	(Signed)	1. Leeg	M. D.
S	11 BIRTHPLACE	4/26 193 0	(Address)	ulleur
FNA	OF FATHER (State or country) Mel	*State the Di Violent Causes, sta Accidental, Suicidal	sease Causing Death, tte (1) Means of in r Homicidal.	or, In deaths from jury and (2) Whether
PAR	12 MAIDEN NAME OF MOTHER Cauca Hall	18 LENGTH OF RES		tals, Institutions, Trans-
	OF MOTHER (State or Country)	At place of deathyrsm		eyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrit not at place of deal	acted, 1}	***************************************
	True of Mollewole	Former or usual residence		**************************************
	(Informant) // Ti for Out of	19 PLACE OF BURNAL	OR REMOVAL	DATE OF BURIAL
0-11	(Address) Planear Ry	It so	mo-	4/28, 1930
15	Filed 4/27 1930 Connection Registral	20 UN OERTAKER	Mally 4	Leonardi
-	If more hanks are needed address that hisristras	. 16 W. Saratova St., E	Salto. Lequesting V. S	5. i.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quoscupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Salesman, (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meninatis"); Diphtheria (avoid use of "Croup"); Syphoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) st_ted unless important. (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondars or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County H Masses	10664	STATE OF MARYLAND CERTIFICATE OF DEATH
County	(II2)	Registration Dist, No.
Village or City Attillwille (No.	(13)	(16.)
2FULL NAME Alues Une	v Sae	St.: Ward) (If death occurred it a hospital or institution, give its NAME it stend of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE OF DEATH
male white Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	(Movil) (Day) (Year)
6 DATE OF BIRTH	17 I HEREB	Y CONTIFY That I attended the pecoased from
aus 2314, 1930	GET !	11 10 to Joje 71 130
(Month) (Day) (Year) 7 AGE (If LESS than	and that death occur	urred on the date stated above, at 42mm
1 dayhrs.		TH * was as follows:
yrsds. ormin.?	11a7	
(a) Trade, profession or particular kind of work	Com	- July Wolden
(b) General nature of industry business, or establishment in		(2)
which employed or (employer)	Contributory	(Duration) yrs. mos 3 — ds
9 BIRTHPLACE (State or country) of March (o)	Secondary	(Duration) yrs. ams. ds
10 NAME OF FATHER	(Signed)	Blensell M.D.
IL BIDTHPLACE JOHN POLOVIN	(2) 1.K	2 (Address) Lown all town
C OF FATHER (State or country) 12 MAIDEN NAME THE TRANSPORTER TO THE PROPERTY OF THE PROPERT	Violent Causea, s Accidental, Suicidal	riscase Causing Death, or, in deaths from the state (1) Means of Injury and (2) Whether or Homicidal.
of MOTHER Cinna may Jaksun	18 LENGTH OF R	ESIDENCE (For Hospitals, Institutions, Trans
OF MOTHER (State or country) A Marys band	At place of deathyrs	mosds. In theyrsmos,ds
14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	if not at place of des	a.h?
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(Address) Hullywood huf	19 PLACE OF BURI	us Cometay Set 4th 1931
Filed 9/9 1930 Coeracei	20 UN DESTANCES	Dain Hallyton
If more blanks are needed, address State Registra	holy commence	Dir D Anning V S No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furner (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease in Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphyal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stited unless important. Example: Measles (disease (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	County County	wis	the toppe treatment	
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	PERSONAL AND	STATISTIC	CAL PARTIC	ULA
3 5	Male Whi	OR RACE	MARRIED. WIDOWED. OR DIVORCE (Write the work	Mar.
6 1	DATE OF BIRTH	an	/	>
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	yrs.	A 11	10s. 22.d	If I cor.
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PARE	12 MAIDEN NAME OF MOTHER	use /	Beren	/
	13 BIRTHPLACE OF MOTHER (State or country)	ma		
14	THE ABOVE IS TRUE TO	THE BEST	DAMY KNOW	LEDG

(Informant)

15

(Address

05817

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 283

St.: Ward)		occurred in
	tlon, give	its NAME is

NAME Dennis H. Waris	tion, give its NAME is - stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED. MUDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 22, 1920 (Month) (Day) (Year)
(Month) (Day) , 1852 (Year) If LESS than I day hrs.	17 I HEREBY CERTIFY, That I attended the deceased from 1927. to May 1927. that I last saw h slive on lay 2 , 1927. and that death occurred on the date stated above, at 1 m. The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	artic Insufficiency (Duration) 2 vis. mos. ds.
or (employer)	Contributory Secondary (Duration) (Signed) M. D.
ountry) AME AME AME AME AME AME AME AM	State tube Disease Casing Death, or, in teaths from Vident Causes, state (1) Means of Infary and (2) Whether Accidental, Suicidal or Homicidal.
TRUE TO/THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of death
Mud-H- Warrs Mapling 1 22 1930 d. 10- Jahusm	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL MANUAL DIMENUAL 20 UNDERTAKER ADDRESS MADDIAL
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 7.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (0) sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Solesmon, (b) Grocery; man, (b) Automobile foctory. The material Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomolive The quesengineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important (Recommendations on statement of cause of death carbolic acid—probably suicide. can be ascertained as the cause. Always qualify all causing death), 29 ds.; L. (secondary or intercurrent) American Medical Association.) Examples: Accidental drowning; Struck by roilwoy troin-"Uraemia, " "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonocum, etc., Corcinomo, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), The n ture of the injury, affection need etc. The contributory valvular heart disease; not be

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					CAL CERTIFICATI	E OF DEATH
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6 DATE O	F BIRTH	re /	, 1980	17 I HEREB	Y CERTIFY, That I	
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3

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDIA PERMA MARGIN RESERVED FOR WITH UNFADING INK--THIS IS A INL WRITE

V. S. No. 1

100

County Hary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 28/
Village or City James Transis Ella	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Mashied WIDOWED. Strade white (Write the word)	16 DATE OF DEATH ARNUL 18 , 1980 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw has alive on And S 1920,
7 AGE If LESS than day hrs. ds. or min.?	and that death occurred on the date stated above, at 10 - 2 m. The CAUSE OF DEATH * was as follows:
barticular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration)yrsmosds. Contributory Secondarydsdsds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) When (State or country) When (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 1 13 BIRTHPLACE OF MOTHER (State or country) Many Collid.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents) At place of deathyrsmosds.
(Informant) Jank Hollon Sank (Address) Line Form Lown Miles	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Folias Hill Church Hollague Mail J., 1931.
Filed Jet. 14th 13 d Harrison Hobble Registrar	20 UNDERTAKER ADDRESS Demont Mattingly Lensardtonn

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs. definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasins); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonibis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, "Heart failure," "Haemorrhage," Chronic valvular heart disease; etc. The contributory

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N. B.--Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proporty classified. Exact AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDI WRITE

V 3. No. 1

PLACE OF DEATH	01924 STATE OF MARYLAND
County of Massyn	CERTIFICATE OF DEATH Registration Dist. No. 282
Village or City Flores allown No.	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME PERSONAL AND STATISTICAL PARTICULARS	number.)
	MEDICAL CERTIFICATE OF DEATH
Thate Color or RACE SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I would the deceased from
(Month) (Day) (Year) 7 AGE If LESS that I day hr or min.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 DE TOURS OF FATHER	(Signo)
12 MAIDEN NAME OF MOTHER TRANSITY (Individual) 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (State or Country) (State or Country)	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, ii not at place of doa h? Former or usual residence
(Address) 15 Filed 73 1930 Causalus Registral	20 UNDERTAKER CEMESON SENSONESS HORESS HORES OF MALLINGLY LEGELS OF THE MALLING LEGELS OF THE MALLING
If more blanks are needed, address thate Kegistr	ar, 16 W. Saratoga St., Balto., Requisting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm en at home, laborer, Farm loborer, Laborertired 6 yrs). state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Screant, Cook, housemaid, etc. If the occupation has been changed cases, especially in industrial employments, it is neceswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery, eman, (b) Automobile factory. The materia without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation Stationary firemon, etc. But in many -Coul mine, ctc. Womperson, irrespective of Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time find causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e.g., sepsis 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, meninterstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; etc. The contributory

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Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIAN'S should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD INLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE N. B.-

MARGIN RESERVED FOR BINDIN

PLACE OF DEATH County Mary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Disk No. 280
Village or City Cogle (No. 1810) 2FULL NAME Joseph Do	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1927, to 1827, 1927, that I last saw had alive on 1927, 1928,
7 AGE If LESS than I day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs, mos ds. Contributory Secondary (Duration) yrs, mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER Z (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place In the of death yrs
(Informant) DE DOS (Address) Red (Address)	Former or usual residence
Filed 192 Registrar	20 UN DERTAKER ADDRESS ADDRE
it more wants are needed, address state negistral	at was the same state of the same of the s

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servaid, Cook ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a Farm laborer, Laborer-Coal minc, etc. Womthat fact may be indicated thus; Farmer (rewithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (**orebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia,"

use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide: Poisomed by State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL peritorities," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemourhage, "Inanition," "Marasmus," "Old Agc," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJUNY Whooping cough; Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic Example: Measles (disease valendar heart disease; etc. The contributory death

If this cartificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVE permanently filed.

V. S. No. 1

WRITE AINL WITH UNFADING INKTHIS IS A PERMIENT ECORI	N. B.—Every Item of information should be carefully supplied. ACE should be stated EXAC. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
H	ated operi certif
NA.	se st se pr k of
1	uld h
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IN.	Ily soliain
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AD!	ATF imp
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PLACE OF DEATH County St Blangs'	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 254
Village or City Cherlotte Harrion 2FULL NAME Patrick Dryon	St.: Ward) St.: Ward) A hospital or Institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male lede (Write the word)	16 DATE OF DEATH THELE (Nonth) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h che alive on
7 AGE	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or Articular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Juris pros. de.
9 BIRTHPLACE (State or country) Sf Maria leo	Contributory Secondary (Duretion) yts
10 NAME OF Patrick Douglag.	(Signed) Julion M. D. + Le G 1923 (Address) Etolallo Itul
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER alle browder	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. mos. ds. State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) to hulotte towerfly	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Efulosio Hall	Elevicener Chr. tela 7. 19 70
Filed Alb 6 192 80 Eur Norbons Registrar	20 UNDERTAKER / ADDRESS E. Jorbon Machaniele

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a haborer, Farm haborer, Laborer—(out mine, etc. won-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid. etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Womsingle word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi etc. The contributory

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N. B.--Every Item of information should be carefully supplied. ACE should be state EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD BINDING WITH UNFADING INK--THIS IS A PERM. FOR MARGIN RESERVED WRITE P

V. S. No. 1

PLACE OF DEATH	03251 STATE OF MARYLAND
County Sf Mary 21	CERTIFICATE OF DEATH
	Registration Dist. No. 284
Village or City O raville (No	St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 OATE OF DEATH March 16, 1933 G.
(Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	Fele-20 1984 to March 16 1928 C
(Month) (Day) (Year)	that I last saw have alive on mend. 9 th, 1920
7 AGE 7 LI	
27 yrs. 3 mos. 6 ds. or min	
B OCCUPATION	Perfe
(a) Trade, profession or	Sold I Market Total Bridge
particular kind of work have have have have been been been been been been been be	
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory Secondary
(State or country) St Many le !	(Duration) yisds.
I 10 NAME OF	(Sime) Levin & aclora, M. D.
FATHER Celes Days	mul 17 192 (Address) Cholatte Hall:
0 11 BIRTHPLACE	
State or country) St Maya Ceo	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
M 12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER & ILa Kolandary	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds
(State or Country) of 11 way, les	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) From Gray	usual residence
()	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
A & #0	- 1. 2 \ a/h a m-1187 2
(Address) Cook, DC	M.L. 3 con Church, mont 17, 1931
A & #0	20 UNDERTAKER ADDRESS Me Lowered Me Lowered

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from loborer, Farm loborer, Loborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screent, Cook to report specifically the occupations of ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Campositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs . (b) Cottan mill; (a) Solesman. without more precise specification as Day (b) Automobile factory. The material fact may be indicated thus; Farmer (re-For persons who have no occupation single word or term on (b) persons en-The ques-Grocery;

EARS CAUSENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labor pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia, ""Weakness," etc., when a definite disease American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY caugh; or intercurrent) affection need not be Chranic volvular heart disease, etc. The contributory

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PLACE OF DEATH	2070 STATE OF MARYLAND
// /// Allands	CERTIFICATE OF DEATH
County	(188-c) Registration Dist. No. 25 V
Alonged forms	St.: Ward) (If death occurred in
Village of City Control	tlon, give its NAME in-
2 FULL NAME laley Doe	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
m WIDOWELLEY COR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY That I attended the form
6 DATE OF BIRTH	192
(Month) (Day) (Year)	that I last saw hard alive on Oth 6 , 19230
	and that death occured on the date stated above, at 12.10 Cm.
7 AGE [It LESS than It dayhrs.	
22 yrs. 6 mos. 12 ds. or min.	7
© OCCUPATION (a) Trade, profession or	Maelley of Herel
particular kind of work Value,	autowhile vacedous
(b) General nature of industry business, or establishment in	(Duration)yrs mos de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
7,04	(Duration) yrs mos de.
10 NAME OF PATHER DOLLER	(Signed) MULLI (M. D.
M II BIRTHPLACE	193 JAddress LOUGLALOW
C (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Care Faley -	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs mos. ds. State yrs ds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) James Dear	usual residence.
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Address)	1077, 190
Filed of 6 19230 Camalan Registrar	Louis a Meating & Concader
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the bissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerelirospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar "pneumonia, Bronchopneumonia" ("Pneumonia, "Teneumonia, "

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Heart I 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, Chronic interstitial nephritis, Whooping letanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease approved (Recommendations on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, "Tumor" for malignant neoplasms); Measles; FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; Chronic statement of cause of " "Old Age, " "Shock, etc. valvular heart disease; Nomenclature ," etc.), "Dropsy, The contributory (disease

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MARGIN RESERVED FOR BINDI

PLACE OF DEATH County SI Mary .	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 284
Village or Cityles Machaele Poble V Drie	St.: Ward) (If death occurred in a hospit.) or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEO (Write the word)	16 DATE OF DEATH SAPE 3, 1930 Death of the Company (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 1876	that I last saw h alive on , 192 ,
7 AGE	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: Heursbuge of Bracin,
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	who con lands. (Duration) yes mos ds.
b Birthplace (State or country) 10 NAME OF	Contributory Secondary (Duration) (Signed) (Signed) M. D.
FATHER W 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MOY TOUCK 13 BIRTHPLACE OF MOTHER (State or country) MA	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Mechaniclo	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL SL Joseflo Chr. Sefl 6, 1936
Filed Seff-4 1930 L. Darforet Registrar If more branks are needed, address State Registrar	20 UNDERTAKER ABDRESS Elever Jeabon Mechanical , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the loborer. er," etc., without more precise specification as Day Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foremon, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). Compositor, Architect, For persons who have no occupation (b) Automobile factory. The materia Locomotive engineer, (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebros parallel fever (the only definite synonym is "Epidemic cerebros pinal meningitis"): Dephtheria avoid use of "Croup"); spinal meningitis"): Dephtheria avoid use of "Croup"); Typhoia feter never report "Typhoia Pneumonia,"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Branchopicumania (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association. tetonus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition, ". Exhaustion," tions, such as "Asthenia," "Anaemia" (mcrcly symptom-(secondar) Whooping cough; corbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis, approved by as fracture of skull, and consequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma. etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need "Marasmus," "Old Age," "Shock, Committee on Chronic valvular heart disease; etc. The Nomenclature contributory not be

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N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDI INLY, WRITE

PLACE OF DEATH ,	6681 STATE OF MARYLAND
County Si way 3	CERTIFICATE OF DEATH
	Registration Dist. No. 286
Village or City Palmy (No.	
Vinage or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Julia am	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED OR DIVORCED ON DIVORCED	1 193 0
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
HAI MANTON 8-20	12-29 1929.10 / 1920
(Month) (Day) (Year)	that I last sew her alive on 1 2 - 29 192 5
7 AGE / IIFLESS than	2 5
l dayhrs	The CAUSE OF BEATH, * was as follows:
9 8 yrs. Amos ds. or min.	allinoscluss
B OCCUPATION (a) Trade, profession or	Sur debeles
(a) Irade, profession or particular kind of work	
business, or establishment in	(Durstion) 5 yrs. mos. ds.
which employed or (employer)	Contributory Seriels Dementic
9 BIRTHPLACE (State or country)	Secondary
I ID NAME OF	(Duration) yrs mos ds.
FATHER Joseph Huled	(Signed) M. D.
U II BIRTHPLACE	1-8-193 O (Address)
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER	THE LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place In the State yrsds. ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des.h?
THE ABOVE IS TRUE TO THE BEST OF MI KNOWLEDGE	Former or
(Informant) Illin E. Ruger	usual residence
(Address) Palmy lad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 1. 6 20 A 11/2. 1	2D UNDERTAKER ADDRESS
Filed / 8 193 0 / CV bacture Registrer	Engenettall Suandha
If more branks are needed, address State Registra	r, 16 W Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

loborer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (o) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm loborer, Loborer-Coal mine, etc. without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The not gainfully em-(6) material Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease;

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PERSONAL AND STATISTICAL PARTICULARS 3 SEX		PLACE OF DEATH County & Mary	STATE OF MARYLAND CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED			Registration Dist. No. 280
3 SEX 4 COLOR OR RACE WINDOWS MILES WINDOWS MILES OF DEATH MILE WHO WE WOUND MILES OF DEATH AGE (Write the word) 7 AGE (Month) (Day) (Year) The REBY CERTIFY, That I attended the descased for the state of the st	Vil	liage of City and Company of City and City and Company of City and City	tion, give its NAME Is stead of street an
MARRIED Marvis MODUNG ED WIND Thile of Vide the word) To Date of Birth Willow the the word) Month) (Day) (Year) Month) (Day) (Year) To AGE If LESS than I day has a least that a stated above, at will have a set of the word of t		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The cause of the case of the cause of the	1	While MARRIED Marry S	Jan 12, 1980
Month) (Day) (Year) If LESS than day hrs. that I last saw hear, alive on 12 and that death occurred on the date stated above, at 12 and that death occurred on the date stated abov	6 [DATE OF BIRTH	
day hrs. das or min.?		(Month) (Day) (Year)	
(a) Trade, profession or particular kind of work particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE OF FATHER OF FATHER OF FATHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Advance (Bate or Country) Advance	7 A	I day_hrs.	The CAUSE OF DEATH * was as follows:
10 NAME OF FATHER A.	クトロックト	a) Trade, profession or particular kind of work particular kind of work particular kind of work possiness, or establishment in which employed or (employer)	Contributory
State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) *State the I is ase Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? (Address) (Address) DATE OF BURIAL ALL, M., 19		FATHER When, a. Duron	(Signed) Notice (M. C. Address) Riegh mul
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Aug. 19 Aug.	ENTS	OF FATHER (State or country) Md	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
At place of death	1		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
(Informant Account of My KNOWLEDGE (Informant Account of My KNOWLEDGE (Address) Account of My KNOWLEDGE Where was disease contracted, if not at place of dea.h? 19 PLACE OF BURIAL OR REMOVAL Account of My KNOWLEDGE 10 PLACE OF BURIAL OR REMOVAL Account of My KNOWLEDGE 10 PLACE OF BURIAL OR REMOVAL Account of My KNOWLEDGE 10 PLACE OF BURIAL OR REMOVAL Account of My KNOWLEDGE 10 PLACE OF BURIAL OR REMOVAL Account of My KNOWLEDGE 10 PLACE OF BURIAL OR REMOVAL ACCOUNT OF MY		OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosd
(Informant Doron, usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Date of BURIAL St Michaels Jan, 14, 193	14		Where was disease contracted, if not at place of death?
		A In Inc.	usuai residence
Filed Jan /2 1923) J.C., King 20 UNDERTAKER PROPERTY ADDRESS' Registrar P. J. Privace State Registrar, 16 W. Saratogu St., Balto., Requesting V. S. No. 1.	15	Filed Jan 12 1923) J. C. King Rogetras	20 UN DERTAKER ADDRESS ALUSSON

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. er," etc., without more prevent of mine, etc. Wom-laborer, Farm laborer, Laborer-Coul mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the DISEALL COUNTY DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Then ture of the injury. accident; Revolver wound of head-hamicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi interstitial nephritis, by Committee on Nomenclature cough; or intercurrent) Chronic affection need not be etc. The valvular heart disease, contributory Measles ; death

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8. No. 1

20

	PLACE OF DEATH
C	ounty SIM ary
Villa	go or City Ridge (No
	PERSONAL AND STATISTICAL PARTICULARS
3 SE	ale Phile SINGLE. MARRIED, MODORED OR DIVORCED (Write the word)
6 DA	TE OF BIRTH
	Month 2 , 18) 3 (Month) (Day) (Year)
7 AG	If LESS than I day hrs.
)(b) bus wh	Trade, profession or tricular kind of work. General nature of industry siness, or establishment in ich employed or (employer). RTHPLACE (State or country)
1	TO NAME OF FATHER Shu a. Duetor
RENTS	OF FATHER (State of country)
PAR	OF MOTHER Poshurus, E. Clorice
	OF MOTHER (State or Country)
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Tank Section 1
	(Address) Del Smil
15 F	Filed (Dar) 9 188 Ad Muy Cot, Registras

00909 STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

90

Registration Dist. No. 280

number.)

(If death occurred in a hospital or institution, give its NAME instead of street and

	MEDIC	AL CERTIFIC	ATE O	FDEATH	
	MEDIC	AL CERTIFIC	AIE OI	DEATH	
16 DATE	OF DEATH	four	po 	29	198
	*******************************	(Mont	h)	_(Day)	(Year)
17	I HEREBY	CERTIFY, The	at I atter	nded the d	eceased fr
	1	192 . to.		مريد	, 192.
that I k	Waaw h	alive on	sile	7'	, 192.
and tha	t death occur	red on the date	stated a	bove, at	
The CA	JSE OF DEAT	H * was as foll	-	,	
0	ente	Wen.	- ya	elen	1
				*************	*****
		************			0 00 10 00 00 00 00 00 00 00 00 00 00 00
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	ributory ondary	500000000000000000000000000000000000000			
	******	(Duratio	n)	/ута	mos
(Signed)		H	010	uy	M
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	1920				
Viole Accid	State the I int Causes, state ental, Suicidal	iscase Causing ate (1) Means or Homicidal.	Death, of Inju	or, in dearry and (2	aths from D) Whether
0.0010		SIDENCE (For	Hospita	is, Institu	tions, Tr
18 LENG					
18 LEN	or Recent Re				
18 LENG		sidents)	In the	yrs	mos
18 LENG iente At place of death	or Recent Re	sidents) nosds.	In the	yrs	mos
iente At place of death. Where wif not a Former ousual res	as disease contra place of dea.	sidents) nosds. racted,	In the State.	yrs	mos
iente At place of death. Where wif not a Former ousual res	as disease contra place of dea.	sidents) nosds.	In the State.		· · · · · · · · · · · · · · · · · · ·
iente At place of death. Where wif not a Former ousual res	as disease contra place of dea.	nosds. racted, h?	In the State.	DATE O	F BURIAL

(Approved by U. S. Census and American Public . Health Association.)

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Statement of Cause of Death—Name, first, the DISEA II (100 SING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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S. No. 1

8

PHYSI-

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Ye **IIFLESS** 7 AGE 1 day. B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHERA 13 BIRTHPLACE OF MOTHER (State or Country)

0682

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist. No.
St: Ward	(If death occurred a hospital or instit- tion, give Its NAME i stead of street an number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	16, 1932
((Day) (Year)
17 I HEREBY CERTIFY, That I at	
	-16-, 1923
and that death occurred on the date state	d above, at?
The CAUSE OF DEATH * was as follows	un
but	
0.166+161+2012-013111111	
Contributory (Duration) Contributory (Duration) (Signed) (Duration)	
1-16-192 (Address) av	
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Tran
At place In the of deathyrsmosds.	e ateyrsmos
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sweed Heart	7/6, 19.3
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrate 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerknow (a) the kind of work and also (b) the without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL peritonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Whooping cough, Chronic interstitial nephritis, "Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-" "Weakness," etc., when a definite disease Example: Measles (disease etc. The contributory "Old Age," "Shock," affection valvular heart Nomenclature of the need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK-THIS IS A PERMANENT

WRITE

CERTIFICATE OF DEATH Registration Dist, No. 2 St.: Ward) St.: Ward) St.: Ward) MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased at I last saw har alize on 19 d that death occurred on the date stated above, at 19 d that death occurred on the date stated above,
St.: Ward) St.: Ward) (If death occurred a hospital or in tion, give its NAM stead of street number.) MEDICAL CERTIFICATE OF DEATH (Month) (Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased at I last saw has alive on 19 d that death occurred on the date stated above, at
MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased at I last saw has alive on 19 d that death occurred on the date stated above, at 19
MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased at I last saw has alive on 19 d that death occurred on the date stated above, at 19
(Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased at I last saw here alive on 19
(Month) (Day) (Yes I HEREBY CERTIFY, That I attended the deceased at I last saw hereafter on 19 12 19 19 19 19 19 19 19 19 19 19 19 19 19
I HEREBY CERTIFY, That I attended the deceased 1 192 193 at I last saw h live on 9 1 2 193 d that death occurred on the date stated above, at 193
at I last saw he alive on 9-12-, 19
d that death occurred on the date stated above, at
CAUSTOF DEATH * was as follows:
Contributory Secondary (Duration) yrs mos. (Duration) yrs mos.
2-12- 1936 (Address) aren ne
*State the Disease Causing Death, er, in deaths fro Violent Causes, state (1) Means of Injury and (2) Wheth Accidental, Suicidal or Homicidal.
LENGTH OF RESIDENCE (For Hospitals, Institutions, lients or Recent Residents)
place In the desthyrsmos,ds, Stateyrsmos
nere was disease contracted, not at place of death?
mer or sl residence
Bulund of Burial OR REMOVAL DATE OF BURIA 9-12-15
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(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physiciam, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, socident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. valvular heart Nomenclature The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	
County St. Wa	55
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STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 286
Village or City Cress (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME listed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH /2	17 I HEREBY CERTIFY, That I attended the deceased from 192 , 192
7 AGE If LESS than I day hrs. mos. ds. or min.?	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER and Solveel & L	(Signed) (Duration) yrs mos ds. (Signed) M. D. C. M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, In the Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) and oliver De Je	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Porla Sena 11 26, 19 80
15 Filed 1 - 260-1020 NV Jaen	20 UNDERTAKER AOORESS

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If more b.anks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Iso. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Parm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return". Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebre, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," st.ted unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping cough; American Medical Association.) (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory affection valvular heart disease; Nomenclature need not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County J. un any)	CERTIFICATE OF DEATH
	Registration Dist. No. 2 5 C
Village or City are (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) , 1780 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1950 to 9-13-, 1950 that I last saw handlive on 19-11-, 1930
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) yrs. mog. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs mos ds.
10 NAME OF FATHERWILLIAM C. A. J.	(Signed) / 10/2 Paleir M. D. 10-13-19\$ O(Address) Que
OF FATHER Z (State or country) U 12 MAIDEN NAME /	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER felicence Jeffers	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the State,yrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) William by the (Address) are und	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 16-13 1936 N.V. Palus Registras	20 UNDERTAKER Rale, appress Mil
If more blanks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, (a) the kind of work and also (b) the person, irrespective cf 6) Grocery;

Typhoid fever (never report "Typhoid Pneumonia"); s. inal meningitis"); Diphlheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebioed term for the same dise.se. Examples: Cerebrospil EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death—Name, first, the pisses Causing Death (thousand) time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

permanently filed.

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answeted in detail, it will prevent further correspondence. All the

mieluhus) may be stated under the head of "contributory." Papproved by Committee on Nomenclature American Medical Association. (Recommendations on statement of cause of If this certificate is looked over thoroughly and all questions as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencurbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJU., Y Chronic etc. The contributory valvular heart disease; Always qualify all not be

N. B.--Every item of information should be carefully supplied ACE should be state XACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. PECORD LN BINDING VITH UNFADING INK---THIS IS A PERMA FOR MARGIN RESERVED INLY WRITE V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Mary	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Waller Clarence	St.: Ward) (If death occurred in a hospital cr Institution, give its NAME instend of street and
2FULL NAME JAMES C,	called stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I (1986) (Year)
6 DATE OF BIRTH	192 on 4 - 9 - 192 O.
1.805	that I last saw h alive on, 192,
(Month) (Day) (Year)	and that death assured on the date stated above at
7 AGE	in .
65 yrs. almos to day nin	
OCCUPATION	France Clearly probables
a) Trade, profession or particular kind of work	01-1
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs., mos., de.
9 BIRTHPLACE	Contributory Secondary
(State or country)	Durskion yrs mosds.
10 NAME OF SIMUS A Cellele	(Signed) M. D. Casualux M. D.
OF FATHER	192 U (Address)
Z (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Caus.s, atate (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Ruchael	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER DA 16	At place In the
(State or country)	When we discuss contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
June Mallers Co	usual residence
(Address) Vacuus Lev-	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 4/11/1920 Camalia	20 UNDERTAKER WALLES
Registrat	10 W Santage St. Bake Beginstin V S No. 1
If more blanks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

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fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it the first line will be sufficient, e. g.. Former or Planter, cupation is very important, so that the relative health. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Doy who are engaged in the duties of the (a) the kind of work and also (b) the Locomolive engineer, (b) Grocery; Wom-

spin..l meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Ccrebros pinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, fever (never report "Typhoid Pneumonia")

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A. I the data is essential and must be obtained before the cartificate is permanently filed. inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Exhaustion," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troinand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Meosles (disease etc. The contributory valvular heart discose; Always qualify all Measles;

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H UNFADING INKTHIS	H UNFADING INKTHIS IS A PERM KEN ECORD
nould be carefully supplied OF DEATH in plain terms s s very important. See instru	hould be carefully supplied ACE should be stated EXACTLY, PHYSI. OF DEATH in plain terms so that it may be properly classified. Exact severy important. See instructions on back of certificate.

PLACE OF DEATH	12678 STATE OF MARYLAND
County It, many	Registration Dist. No. 25/
Village or City Voyden (No.,	St.: Ward) (If death occurred in a hospitul or institution, give its NAME institution of street and humber.)
PERSONAL AND STATISTICAL PARTICULARS) MEDICAL CERTIFICATE OF DEATH
3 SEX 1 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Set 24, 1982. (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended the deceased from
6 DATE OF BIRTH July 9, 1945- (Month) (Day), (Year)	that I lost saw him alive on Och 49, 1983
7 AGE If LESS than I dayhrs. 1 dayhrs.	The CAUSE OF DEATH A was ea follows:
(a) Trade, profession or Returned forms (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHILACE (State or country) Lt. Mary Count, Tud.	Contributory Secondary (Duration) Z yrs. mos. de. (Duration) yrs. mos. de.
11 BIRTHPLACE OF FATHER (State or country) It Many bount, Ind. 12 MAIDEN NAME OF MOTHER Polona Count beach 13 BIRTHPLACE OF MOTHER (State of country) It. Many los only (State of cou	(Signed) 1. Horfe Lynch M.D. Fet, 26, 1991 (Address) Table Lee Med.
(informant) Closence J. Price of MY KNOWLEDGE (informant) Closence J. Price of (Address) Wrongslen, Mr.L. Filed Oct. 26 1930 Varties Arbbs Registrar	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL, Pofulor Hill Charol Got, 27., 183.8. 20 UNDERTAKER ADDRESS The Matting of Semenflow has
If more blanks are needed, address State Registrar.	

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an gary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, House. household only (not paid Housekeepers who receive a laborer. Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Oivil engineer, Stationary firemen, etc. But in many Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup") to time and causation), using always the same accept-EASE CAUSINO DEATH (the primary affection with respect Typhoid fover (never report "Typhoid pneumonin") fever (the only definite synonym is "Epidemic cerebry ed term for the same disease. Examples: Corebrospinal Statement of Cause of Death-Name, first, the pneumonia, Bronchopneumonia ("Pneumonia pis-

> Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statesymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Nevcr report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Medsles; mycs, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on quences (e. g., sepsis, totanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poteoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental discouning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURI State cause for which surgical operation was under-"PUERPERAL sopticaemia." "PUERPERAL peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite discase rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid Example: Measles (disease (merely (second-

If this certificate is looked over thoroughly and all quesецсе. answered in detail, it will prevent further correspond-All the data is essential and must be obtained before

the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHXSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD ENT WITH UNFADING INK--THIS IS A PERMA MARGIN RESERVED FOR BINDI AINLY, WRITE

PLACE OF DEATH	STATE OF MARYLAND
County Dr. / MANA	CERTIFICATE OF DEATH
A service of the serv	201
Manhalus asull	Registration Dist. No. 200
Village or City / / Manualle (No.	St.: Ward) (if death accurred in a haspital ar institu-
Entra tack tour	tian, give its NAME in stead af street and
2FULL NAME CONSTANT CONST	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WARRIED, WARRIED,	16 DATE OF DEATH
Herunde MANTE WIDOWEO/ OR OIVORCED	AWY 20 , 1920
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	1 HEREBY CERTIFY, That I attended the deceased from
100. 18 . 183	195 ta / 192 , 192
(Month) (Day) (Ye	ar) that I last saw halive an, 192,
7 AGE [IfLESS	than and that death occurred on the date stated above, at 10 m.
MM O S I day	hrs. The CAUSE OF DEATH * was as fallaws:
yrsmosds. orr	nin.?
(a) Trade, profession or	Mural regurgulation
particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vrs. mos. da.
9 BIRTHPLACE	Cantributory Secondary
(State or country)	(Duration) yrs mos ds
10 NAME OF	d'/1 m/M/M/
FATHER TYPESS MOUSEN	(Signed) (1.1) A D. W. D. M. D.
IN II BIRTHPLACE	1921 (Address) / // // ////////////
Cof FATHER (State or country) Selmany	Violent Causes, state (1) Mesns of Injury and (2) Whether
12 MAIDEN NAME TO THE TOTAL OF	Acidental, Suicidal or Homicidal.
of MOTHER / MAN	18 LÉNGTH OF RESIDENCE (For Haspitais, Institutions, Trans-
13 BIRTHPLACE	At place In the
OF MOTHER (State or country) - Seminary -	of deathyrsds. State,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mana Englas	Former or usual residence
(Informant) /4/10 - (WW)	19 PLACE OF BURIAL OF REMOVAL A DATE OF BURIAL
(Address) Marydellar Md	de Daniel de Lagra Will Presser Will 28 30
(ruutess)	Julian 181. 1 mil 1900, 1900
15 Filed my 2/ 1984 Del mysm	20 UN BERTAKER M ADDRESS
Registra	· Colored Tribolity
If more blanks are needed, address State Reg	istrar, 16 W. Saratoga St., Baita., Requesting V. S. No. 1.

ACOME

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. stated unless important Example: Measles (disease Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify al "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on " "Marasmus, or intercurrent) affection need not be Chronic valvulor heart disease; Carcinoma, Sarcoma, etc., of " "Old Age," "Shock," shopneumonia (secondary) etc. Nomenclature The contributory Mcosles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANEN BIN IS A MARGIN RESERVED FOR WITH UNFADING INK-THIS LAINLY, WRIT

S No. 1

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N. B.-

PLACE OF DEATH

County Hans	CERTIFICATE OF DEATH
County	0 227
Treat Hills	Registration Dist, No.
Village or City (No.4)	St.: Ward) a hospital or institu-
2FULL NAME Jumature fest	Let Jeould nothing of street and street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jame 23, 1930	192 0, to Same 5 , 192 0,
(Month) (Day) (Year)	that I last sew half sire on January 25 1920
7 AGE Ven of about 3 most day hrs.	and that death occurred on the date stated above, atm. The GAUSE OF DEATH * was as follows:
Jon yrs. mos. ds. or min.?	I do not Brow They had
8 OCCUPATION (a) Trade, profession or	first moved and The worke
particular kind of work	minto hard the day tefore.
(b) General nature of industry business, or establishment in	(Durstion) yrs mos ds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) of Many L Co Mcl	Secondary (Durstion)
10 NAME OF STATHER SIFER (1. dement)	(Signed) M. D. (Address) Levo as Clown
OF FATHER	and the second s
State or country) 12 MaiDEN NAME 12 MaiDEN NAME 13 MaiDEN NAME 14 MaiDEN NAME 15 MaiDEN NAME 16 MaiDEN NAME 17 MaiDEN NAME 18 MaiDEN N	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hory Hagolihae Fran	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dee h?
I de de de de de de la constante	Former or usual residence
(Informant) Wife with the second	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) There	at his home time 8, 160
Filed July 15 1930 place Mod-	20 UNDERTAKER Adament Appress Hills
If more banks are needed, addre.s tate negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed dofinite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken work, or Al Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many to report specifically the occupations of persons enlaborer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Locomolive engineer, (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases Chronic interstitial nephritis, Whooping cough; Chronic unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) affection need not be Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage and consequences (e. g., sepsis, etc. valvular heart disease; The contributory

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00 1

Village or City Bulling Low	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2 & C St.: Ward) Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 2 - /3 - , 192 6
DATE OF BIRTH 14, 13 0	17 I HEREBY CERTIFY, That I attended the deceased from 12 161 - 1926. to 12 - 15 -, 1986
(Month) (Day) (Year) 7 AGE If LESS than day hrs. or min.?	The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work	
b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos ds.
10 NAME OF FATHERY Claim for the family 11 BIRTHPLACE OF FATHER Z (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER ACTION 13 BIRTHPLACE OF MOTHER (State or Country) Local (State or Country)	IS LENGTH OF RESIDENCE (For liospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) W. July travel (Address) Bulled al	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 12-16-1930 N.V. Paluv Registras	20 UNDERTAKER Luce de Dr. Loca Phylometre
If more b.anks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective cf household only (not paid Housekeepers who receive a report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman. (b) Grocery;
Poreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomolive engineer,

s. inal menin itis"); Diphtheria (avoid use of "Croup" ed term for the same dise.se. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebro EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia. Bronchamanna "" to time and causation), using always the same accept-("Pneumonia,

> answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Heart lauure, "Shook," "Shook," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiscases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Measles; disease;

-Every Item of information should be carefully supplied. ACE thould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDIN WRITE V. S. No. 1 N. B.-10

PLACE OF DEATH	10667 STATE OF MARYLAND
County Mary s	CERTIFICATE OF DEATH
	(75.7)
Sty 2	Registration Dies No. 2 80
Village or City Strong Poor Poor Poor Poor Poor Poor Poor Poo	St.: Ward) (If death occurred is a hospit door institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULA	
3 SEX 4 COLOR OR RACE 5 SINGLE, 5	MEDICAL CERTIFICATE OF DEATH
Percede (Con) MARRIED, R. WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Yuknown	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day)	(Year) that I last saw har alive on Auff 26, 1520.
	LESS than and that death occurred on the date stated above, at /m dayhrs. The GAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos, ds
(State or country)	Secondary
on 11 BIRTHPLACE H. Culchour	(Signed) (Address) Wise M. D. D. (Address) (Address) (Signed) (M. D. D. (Address) (M. D. D. (Address) (M. D. D. (Address) (M.
OF FATHER Z (State or country) L 12 MAIDEN NAME:	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Con Talslow 13 BIRTHPLACE OF MOTHER (State or country)	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	Where was disease contracted, if not at place of dea.h?
(Informant) Sau Chelahurren	Former or usual residence
(Address) Riese Inf	Beshin Lu Cecelery Sept. 28, 1930
15 Filed Oct - 1 19230 E. E. B.	reh 20 UNDERTAKER Thos Horni Abrocele.
If more blanks are needed, address Stat	e Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er, etc., William laborer, Laborerbusiness, that fact may be indicated thus; Former in state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housevife, House-work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write Nonc. Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Cure should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, For many occupations a single word or term on 3/18 . without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Architect, -Coul minc, etc. Wom-Locomotive engineer Grocery,

Statement of Cause of Death—Name, first, the preEASE CAUSING DEATH (the primary affection with respire
to time and causation), using always the same accepted term for the same disease. Framples: Cerebraphed fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria avoid use of "Croup";
Typhoid fever (never report "Typhoid Pneumonia";
Lobar pucunomia, Branchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on Nomendature of the atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcosles; inges. peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL scpticuemia," "PUERPERAL perdonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Inanition, causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid curbolic acid - probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by rudway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of as fracture of skull, Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus, Chronic valvular heart disease, and consequences (e. g., sepsis, " "Old Age, " "Shock," etc. The contributory elc.

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PLACE OF DEATH	STATE OF MARYLAND
County / way	CERTIFICATE OF DEATH
County	CERTIFICATE OF BEATH
Paleiss	Registration Dist. No.
Village or City (No.	St. Ward) (If death occurred in
	St.: Ward) a hospital or institu- tion, give Its NAME is -
2011 MANUE TA DAGA ONLA CA-	stend of street and
2FULL NAME JEWY VIII	ia (Caccinumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED.	12 3/ 198 3
Some while (Write the word)	(Month) (Day) (Year)
6 BATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1 23 2.1	12-27-1920.00 12-31-19230
13/6	2.0
(Month) (Day) (Year)	that I last saw hallive on 12 5 1928 C
7 AGE If LESS than	and that death occurred on the date stated above, atm.
14 yrs. 11 mos. 8 ds. or min.	The CAUSE OF DEATH * was as follows:
	Lo Van / menun
8 OCCUPATION (a) Trade, profession or	
particular kind of work autoful	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vrs. mos. ds.
	Contributory Circuit Lunches
9 BIRTHPLACE (State or country)	Secondary
me	(Duration) yrs. mos. ds.
10 NAME OF FATHER	(Signed) 19MV (accum, D.
my partie	1- 1- 198/ (Address) and
O OF FATHER	
Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
U 12 MAIDEN NAME)	Accidental, Suicidal or Homicidal.
a OF MOTHER Scene 2 200mg	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ienta or Recent Residents) At place In the
OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Louth Hacern	usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Och Color	all air 501 1-2- 130
15 1 1 2 2 11 11 1	20 UNDERTAKER ADDRESS
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If more blanks are needed, addre.s Ltate Kegistrar	, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Ilouseshould be used only when necded. As examples: (a) additional line is provided for the latter statement; it tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement r," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The materia Locomolive engineer, 3 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; approved by Committee on (secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY ChronicExample: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is pérmanently filed.

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotion mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed ployed, as Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on 11.8). Farm laborer, that fact may be indicated thus; Farmer (rewithout more precise specification as Compositor, Architect, Locomotive engineer, At school, or At home. Care should be taken Stationary firemon, etc. But in many For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Salesman. -Coal mine, etc. Wom-(b) Grocery, of the

Statement of Cause of Death—Name, first, the Dis-EASY CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhilheria avoid use of "Croup"); Typhoid Jever never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

> "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably sucide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping cough; American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid "Congenital," "Senile," etc.), "Dropsy,"
> ," "Heart failure," "Haemorrhage," for malignant neoplasms); Measles; Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature contributory

If this certificate is looked over thoroughly and a l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-St.:.... Ward)

stead of strest and wumber.)

(Month) (Day) (Year I HEREBY CERTIFY, That I attended the decessed from the last saw have alive on Market 1 attended to the decessed from the date stated above, at 1925, and that death occurred on the date stated above, at 1925, and that death occurred on the date stated above, at 1925, and the CAUSE OF DEATH is was as follows: The CAUSE OF DEATH is was as follows:	16 DATE OF DEATH			
(Duration) (Day) (Year I HEREBY CERTIFY, That I attended the decessed from the last saw harmonic and the comment of the com	IN IMILE OF DEATH	Loren	22	10030
I HEREBY CERTIFY, That I attended the decessed from the control of the control of the control of the cause of the cause of Death is was as follows: The Cause of Linear Cause of Linear Cause of Contributory Secondary (Duration) Jyrs mos. (Duration) Jrs. mos. Signed) M. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. BLENGTH OF RESIDENCE (For Hospitals, Institutions, True ients, or Recent Residents) t place death yrs mos. da. State, yrs mos. or real residence.		(Month)	(Day)	, 19 (Tear)
hat I last saw his. alive on Netheria. D. 1929 Ind thet death occurred on the date stated above, at D. 1929 The CAUSE OF DEATH is was as follows: The CAUSE OF DEATH is was	7 A I HEREBY CER	TIFY, That I	attended the de	and room and
nd thet death occurred on the date stated above, at the state of the s	//		1	1800
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Contributory Secondary (Duration) (Durat				/ .
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(Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. *LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) t place In the State, yrs. mos. da. State, yrs. mos. or or applications of death.			******************	
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t place In the death yrs. mos. da, State, yrs. mos. da, State, yrs. mos. da, State, yrs. mos. da, or mos. da, state, yrs. da, yrs.			spitals, Institut	ions, Trans
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not at place of death?	There was disease contracted.			
sual residence.			**************************************	
L Genze Church Jan. 23, 19.3			- 1	
t genge Church Jan, 23, 19.3	PLACE OF BURIAL O	R REMOVAL	DATE OF B	URIAL
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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursults can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) n..ture of the business or Industry, and therefore an gary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement whatever, write None. twed 6 yrs.). Housemaid, etc. (a) Foreman, (b) Automobile factory. The material usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home. For persons who have no occupation If the occupation has been changed and children, not gainfully em--Coal mine, etc. Wom-

Exacement of Cause of Death—Name, first, the preasure causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia."):

and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inunition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meastes (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaoum, etc., Carcinomu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Hacmor-(secondary or intercurrent) affection need Whooping cough; ment of cause of death approved by Committee head of "contributory." Nomenclature of the American Medical Association.) -acoident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MICANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvulur heart disease; (Recommendations on state-(second-(merely

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V. S. No. 1.

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PLACE OF DEATH County Lt. Marys	03252 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Drog de (No. ,	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and humber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 1 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEB (Write the word)	(Month) (Day), (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	march 19 1920 to march 23 1020
Month (Day) (Yenr)	that I last saw han alive on March 23 198 d
7 AGE If LESS than I dayhrs. yrs. mos. ds. or min. ?	The CAUSE OF DEATH & was as follows:
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(State or country) Lt Mary lod, Ind.	Secondary (Duration)
PATHER John Fermial	(Signed) M.D.
11 BIRTHPLACE OF FATHER (State or country) St. Mary los Jul. 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
a constitution and I with	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
OF MOTHER (State or country) It. Marrie P. Inl.	At place of death yrs. mos. da, State, yrs. mos. da. Where was disease contracted,
(Informant) John Henriel	if not at place of death? Former or usual residence.
(Address) Drayden Ford.	Be Il of Burial or REMOVAL DATE OF RURIAL
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if more blanks are needed address State Posteton	10 TV Canadage St. Polto Paguesting V C No 1

if more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requestlpg V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

n:ture of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fuiness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school or At home. Care should be taken definite zalury), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home. who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many I usiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occ pations of persons enwork, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The material whatever, write None. Housemaid, etc. If the occupation has been changed red 6 yrs.). For persons who have no occupation Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

ELAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

unges, peritonasum, etc., Carcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid conditions, such as "Asthenia." ary), 10 ds. Never report more symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measies; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poteoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "Purreral septicaemic." "Puerperal peritonitis," etc. (secondary or intercurrent) affection need Nomenciature of the American Medical Association.) ment of cause of death approved by Committee on -accident; Revolver wound of head-homicide; For VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-"Апастіа" "Comu," (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE AINLY, WITH UNFADING INKTHIS IS A PERMANENT ECORD	RD \
EVERY ITEM Of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	CTLY, PHYSL assified. Exact

06968 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Village or City Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, OR DIVORCED Write the word) (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Yesr) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: min.? BOCCUPATION
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE OF FATHER ENH *State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidsl. 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER lents or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER (State or country Where was disease contracted, if not at place of death? MY KNOWLEDGE Former or usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL (Address) 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, or At Home, and children, not gainfully em-For many occupations a yrs). Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on (b) Grocery;

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIStime and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary Whooping cough; use of "Tumor" for malignant neoplasins); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations of statement of cause of death "Atrophy," "Collapse, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease ," "Coma," "Convulsions, chopneumonia (secondary), valvular heart disease; etc. The contributory Nomenclature not be

data is es permanently If the

the cruificate is looked over thoroughly and all questions red in stail, it will prepent further correspondence. All the is exected and must be obtained before the certificate in mently filed.

N. B.—Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIAN'S should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. CORD VITH UNFADING INK-THIS IS A PERMA. BINDIN RESERVED FOR MARGIN INLY WRITE

V. S. No. 1

PLACE OF DEATH County St Marys	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 287
Village or City Hermanville (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended the decreased from
Month (Day) (Year) 7 AGE (If LESS than	that I last saw home alive on
b occupation (a) Trade, profession or	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) Tyrs. mos 2 kyris. Contributory Secondary
10 NAME OF FATHER Paul W Ford 11 BIRTHPLACE OF FATHER (State or country) Manyland	(Signed)
12 MAIDEN NAME OF MOTHER Cageina & Wise 13 BIRTHPLACE OF MOTHER (State or Country) Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Per Werner wille Ind	if not at place of dea.h? Former or usual residence
15 Filed June 27 1986 Pf Ben MD Registras	20 UNDERTAKER Ernet Robinson Dameron Md
If more blanks are needed, address ttate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseer," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, or given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time, and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Fneumonia,")

use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi cough; " "Weakness," etc., when a definite disease or intercurrent) Chronic and consequences (e. g., sepsis, ," "Coma," "Convulsions, affection need not be valvular heart disease; etc. The contributory death

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-Every item of information should be carefully supplied. ACE should be stated EXACTLY. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. BIND V FOR WITH UNFADING INK--THIS MARGIN RESERVED WRITE

PLAGE OF DEATH County M. May	01926 STATE OF MARY CERTIFICATE OF Registration Dist. No.
Village or City Chapluer (No	St.: Ward) (If do a host tion, stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH (Month) (Day) (Year)	17 / I HEREBY CERTIFY, That y attended to
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Only Demu Cellury Many Secondary
10 NAME OF Jack M. Frober 11 BIRTHPLACE OF FATHER (State or country) M. State or country)	(Signed) (Duration) yts. (Signed) (Address) (Address) (Signed) (Address) (Signed) (
12 MAIDEN NAME MAY Phelider 13 BIRTHPLACE OF MOTHER (State or country)	IB LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents) At place of deathyrsmosds. In the Stateyr. Where was disease contracted,
(Informant) AMM M. J. W. (Address) (Maphing)	if not at place of death? Former or usual residence
Filed All 1920 A. D. Registrar If more blanks are needed, address State Registrar	20 UNDERTAKER COOR COOR COOR COOR COOR COOR COOR CO

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 253

St.:	Ward)		tu-
		tion, give its NAME istead of street a	nd

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH July 21 , 1930
(Month) (Day) (Year)
17 / I HEREBY CERTIFY, That I attended the deceased from
that I last saw halive on, 192,
and that death occurred on the date stated above, at 4 9,m.
The CAUSE OF DEATH * was as follows:
acule Tastroentereus
1 .
(Durstion)/ yrey mos 2 de
Contributory Confedence Cerebrypener Meningely
Secondary
(Duration) yrs. mos ds.
(Sikned) A . I . M. D. M. D.
Feb. 21 1920 (Address) MNGANZa
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the of deathyrsmosds. Stateyrsmosds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," stated unless important "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. hopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasins); Measles; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County St. Mary's	01937 CERTIFICATE OF DEATH
County	(93) Registration Dist. No. 282
Village or City Holly wood po (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME II stead of street and
2FULL NAME alexander F	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male negro single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH February 16th, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
don't know	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE / If LESS than	and that death occurred on the date stated above, atm.
don't know I day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
(a) Trade, profession or	accidentally was the casel given by
particular kind of work	the lury at the coroner's inquest.
(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
Which employed or (employer) form with the Captain	
9 BIRTHPLACE (State or country) Non't know	Contributory Secondary (Duration)y18
1 10 NAME OF	Tall I be all at come
FATHER don't knows	Jel. 17 16 1930 (Address) Holly wood, Ind.
II BIRTHPLACE OF FATHER	
Z (State or country) Fout Brown	*State the I is ase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sont know	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place in the
(State or Country) Gon't Know	of deathyrsds. Stateyrs
THE PERFORM VANOW FROM	Where was disease contracted, if not at place of doa.h?
acting	Former or usual residence
(Informant) Vally J. Is removel, coroner	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Holly wood, Med.	Plus House In Levenson 7/19 1937
15 4/10 21 hamplen	20 UNDERTAKER ADDRESS
Filed / 19 1920 William Registra	Wor b. Mattingly & co. Leonard lown, me
if more blanks are needed, address thate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an tle first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a " etc., Foreman, or At Home; and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as For persons who have no occupation (b) Automobile factory. The material Laborersingle word or term on -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be 'Congenital,' "Senile,' etc.), "Drcpsy,",
" "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. ACE should be stated EXACLLY, PHYSINGIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. PERMANENT MARGIN RESERVED FOR BINDI WITH UNFADING INK -- THIS IS A INLY, WRITE

V. S. No. 1

N. B.--

PLACE OF DEATH County Amanga	01928 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City la house the (No	Registration Dist. No.257 St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH ### 2 , 1990 (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 1970 to 1970 that I last saw handlive on first 1970 1970
7 AGE If LESS than I day hrs I day hrs or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER OF MOTHER (State or Country) Many Cand	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) George Garner	if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mary and 15 Filed Gut 4 1930 Py Beau Registras	Foly Tace Cemeling tely, 1930. 20 UNDERTAKER Richard Thomas Valley Lee Mg

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tired 6 yrs. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or, industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemand, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The materia single word or term on 6 Grocery;

Streement of Cause of Death—Name, first, the DIS-EA. I AUNIS DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature American Medical Association.) stated unless important. carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Hacmorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasins); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart discase;

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classified (If death occurred in Ward) a hospital cr institution, give its NAME inof street and stend number.) properly of certif MEDICAL CERTIFICATE OF DEATH 5 SINGL 4 COLO OR RACE 16 DATE OF DEATH 3 SEX be may be WIDOW OR DIVORCE -(Day) (Month)-(Write the word) HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH instructions (Month) (Day) (Year) and that death occured on the date stated above, as IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: ds: or min.? B OCCUPATION (a) Trade, profession or particular kind of work plain (b) General nature of industry business, or establishment in portan .. (Durstion) _____yrs.____ mos.... UNFADING which employed or (employer) E T Contributor MARGIN Secondar 9 BIRTHPLACE EAT (State or country) Should E OF DE 10 NAME O NTS the Discase Causing Peath, or, in deaths from OF FATHER CAUSE Violent Caus s, state (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal. ш PARI MS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPL At place In the OF MOTHER of death. (State or country) Where was disease contracted, 0 of if not at place of death? ST OF MY KNOWLEDGE of shoul Every Item CIANS shot Item Former or usual residence. (Informant) (Address) 20 UNDERTA If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting J. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more processor, coal mine, etc Wom-laborer, Farm laborer, Laborer—Coal mine, etc Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Forenum, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocor given up on account of the DISTASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekee, ers who receive a Never return "laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, report specifically the occupations of persons en-For many occupations a single word or term on yrs). that fact may be indicated thus; Farmer (re-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning, Struck by railway train "Atrophy," "Collapse." "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid by Committee on Chronic etc. valvular heart disease; Nomenclature The Sarconu,, etc., of contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is elsental and must be obtained before the certificate is permanently filed.

B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMANENT BIND K FOR IS WITH UNFADING INK--THIS RESERVED MARGIN AINLY, WRITE

S. No.

Z

	PLACE OF DEATH	09726 STATE OF MARYLAND
	County Sine day)	CERTIFICATE OF DEATH
	0 - 24	Registration Dist. No. 2 & 6
	Village or City & City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME II-
1	2FULL NAME JULI a Ma	ua Hans stead of street and number.)
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 3, 1980
4	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	2 22 1860	7 1920, to 5 , 192()
	(Month) (Day) (Year)	that I last saw h Landive on 8 - 3 0 193 2
	7 AGE [If LESS than	and that death occurred on the date stated above, at
	20 yrs. 6 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION	De De Colores
	(a) Trade, profession or particular kind of work touseful	cace of 404
	(b) General nature of industry	
7	business, or establishment in which employed or (employer)	(Duretion) yrs. mos ds.
	9 BIRTHPLACE	Contributory Chor helitales
	(State or country)	Secondary (Duration) 3 yrs mos ds,
	10 NAME OF	With Commence
	FATHER Court It and	(Signed) M. D.
	0 II BIRTHPLACE D OF FATHER	1922 (Address)
	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Sopling Churching	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
-	(State or Country)	of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) garelle an	Former or usual residence
	(Address) abll w	Social Hearten 9-2, 1920
	15 Filed 9-1- 1980 n. V. Calm	20 UN DERTAKER ADDRESS
	Registrar	a. C. With anaphesh
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servan, Gook, Housemaid, etc. If the occupation has been clanged ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Houscwife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (ne household only (not paid Housekeepers who receive a en at home, who are engaged in the worked on may form part of the second statement. Never return"Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womknow (a) the kind of work and also (b) the without more precise specification as For persons who have no occupation duties of the 6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospikal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia,

> as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death approved by Committee on American Medical Association.) · leignus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), secident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory affection need valvular heart Nomenclature of the not disease;

If this certificate is looked over thoroughly and all questions answeled in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LN INLY, WITH UNFADING INK--THIS IS A PERMA MARGIN RESERVED FOR BINDIA WRITE V. S. No. 1

	PLACE OF DEATH	15309 STATE OF MARYLAND
	County St. Marys	CERTIFICATE OF DEATH
		Registration Dist. No. 2/3
	Village or City Oranille Md. (No.	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Thomas Edward	tion, give its NAME in-
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male white Single, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH A. 15 , 192 30 192 30 (Month) /5 (Day) /930 (Year)
	6 DATE OF BIRTH hut known, 1	17 I HEREBY CERTIFY, That I attended the deceased from Nov. 23 1950 to Dec 19 , 1950.
	(Month) (Day) (Year) 7 AGE (If LESS than dayhrs. ds. ormin.	
	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manyland	(Duration) 10 yes mos ds. Contributory Secondary (Duration) yes mos ds.
	10 NAME OF FATHER Not known 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Clauses (Address) Chipties Md *State the Disease Causing Death, or, in deaths from Violent Causes, state (i) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
	(Informant) family Burch (Address) Oraville	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL St. Joseph's Currelary Dec. 17, 1930
	Filed NOC 16 1920 A. 11 - Registrar	20 UN DERTAKER ADDRESS MM. Elme Jartae Michemosnile
	If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, should be used only when needed. As examples: (a) whatever, write None. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to know (a) the kind of work and also (b) the to report specifically the occupations of persons enadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocete., Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, Architect, (b) Automobile factory. The Laborer-Coal mine, etc. Locomotive engineer, not gainfully em-Grocery Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemie cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> telanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and eonsequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important (name origin; "Caneer" is less definite; avoid "Exhaustion, eausing death), 29 ds.; L. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-(seeondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; 'Congenital,' "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease chopneumonia (secondary), affection need not valvular heart etc. The contributory Nomenclature disease;

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PLACE OF DEATH County C	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 5 C
Village or City (No	St: Ward) (If death occurred in the street of institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That 1 attended the deceased from
(Month) (Day) (Year)	192 to , 192 that 1 last saw here alies on 9 - / - , 193 C
7 AGE If LESS than dayhrs. ormin.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (Ntate or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mulphus A Suith Characteristics (Address)	(Signed) *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
Filed 9-11-1900 N.V. Pales	20 UNDERTAKER RADDRESS Clements
If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farner (re-tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise (b) Automobile factory. The material specification as Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); I sphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease ".PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. st_ted unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (clanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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V. S. No.

N. B.

PHYSI-

PLACE OF DEATH Nearey	15310 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village of discordant (No.	St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and
2FULL NAME Alleloom	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Due., 1930	that I last saw h consisson lelibon 12/, 192 2,
(Month) (Day) (Year) 7 AGE [If LESS than	and that death occured on the date stated above, at J
Steel or I day hrs.	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or	asplynia deep 180
particular kind of work	Confresses Illubliand or
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
which employed or (employer)	Contributory Secondary
(State or country)	(Durayton)
FATHER Woodle Goddaed	(Signed) Thank (I' Chillips)
M 11 BIRTHPLACE OF FATHER OF FATHER	192 QAddress) Question Death, or, in deaths from
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Dalheims Coate	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER MACHINE OF MOTHER	At place of deathyrsmosds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Part God been	Jormer or Jasual residence
(Informant Alfellie de	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lloudellony	M. Leorges 17/2, 150
15 Filed 12/1 1923d Caenalus	20 UNDERTAKER ADDRESS
Registrar	Calcard Con Magaley

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. er," etc., without more, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager." "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day (a) the kind of work and also (b) the For persons who have no occupation The ques-

spin I meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Carebrospinal Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death—Name, first, the Dis. W. (the only definite synonym is "Epidemic cerebropneumonia, and causation), using always the same accept-Bronchopncumonia ("Pneumonia,"

> stated unless important. inges, peritonacum, etc., Carcinoma, Sarcona,, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), (clanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Inanition," "Marasmus," "Old Age, as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy." "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; for malignant neoplasms); Measles; Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory " "Shock," death

dita is essential and It this certificate is looked over thoroughly and all questions ently filed. d in detail, it will prevent further correspondence. must be obtained before the certificate is Althe

Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMA BINDIP WITH UNFADING INK--THIS IS A FOR MARGIN RESERVED WRITE

1	-	A		
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	V		4	7

PLACE OF DEATH

09488

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 227
Village or City Leonard town (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensele White OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 26 1920. to day 26 , 1920, that I last saw he divelop from Rug 26, 1920.
Styre. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
10 NAME OF FATHER Bernard & Joldsoomouf	Contributory Secondary (Duration) yrs, moss, ds. (Signed) M. D. Aug 2 7 1920 (Address) Proceedings and M. D.
OF FATHER (State or country) Marylan 12 MAIDEN NAME	*State the lisease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER A die hery the 13 BIRTHPLACE OF MOTHER (State of Country) hours and 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionats or Recent Residents) At place of death
(Informant) Bennand Goldsborrough (Address) Lonard Gron Ind 5 Filed aug 27 1930 Missen kind	Former or usual residence
Rogistra	We halleng by klone it lownthe

If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

N. B.

Approved by U. S. Census and American Public Health Association.)

er," etc., was laborer, laborer, farm laborer, are should be used only when needed. As examples: (0) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrsj. state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE, CAUSING DEATH, g. ged in domestic service for wages, as Serront, Cook, work, or At Home, and children, not gainfully employed, as At school, or At hame. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Hausemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on man, (b) Automobile factory. The material without more precise specification as Doy Compositor, Architect, For persons who have no occupation Stationary firemon, etc. But in many Luborer--Coal mine, etc. Locomotive engineer,

Stretement of Cause of Death—Name, first, the DIS-EAST CAUSING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosquare (the only definite synonym is "Epidemic cerebrosquare (never (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> unqualified; is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trointaken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (c.g., sepsis, "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sorcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite dizease or intercurrent) Chronic valvulor hcort " "Coma," "Convulsions, affection need not be etc. The contributory disease; etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BIND

V. S. No. 1

PLACE OF DEATH	05818 STATE OF MARYLAND
County St Morry	
	CERTIFICATE OF DEATH
A.	Registration Dist No. 280
Village or City (No.	St.: Ward) (If death occurred i
2 FULL NAME IN OSCE Societé	Joseph, ward a hospit I or institution, give its RAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Feerle Block OR DIVORCED TO	moy, 26, 1080
6 DATE OF BIRTH	(Month) (Day) (Year)
	may se 10 0 to may 24/ 20, 192
(Month) (Day) (Year	that I last saw her alive on my 26 , 1923
7 AGE [If L.E.S.S tha	m
yrs. mos. ds. or min.	
8 OCCUPATION	Couly Whatholean
(a) Trade, profession or particular kind of work	Julla ty Apesin
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. tnos de
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF	Dysation Jayra da.
FATHER This Goigh	(Signed) M. D.
OF FATHER	1930 (Address) See on
Z (State or country) W 12 MAIDEN NAN. 5	*State the Disease Causing Death, or, in deaths from Violent Causes, state (*) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julius Hulleth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER	At place in the
(State or country)	of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Les Fach	Former or usual residence
(Month	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Sturke Ceculing mr, 28, 10 80
18 Filed June 3 19231 E. E Brich	20 UNDERTAKER ADDRESS
Registrar	Water Raleich Ridge
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Spinner, additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Sornant, Cook, Housemoid, etc. If the occupation has been changed to report specifically the occupations of definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (6) persons en-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia")

> stated unless important. Example: Measles (disease approved by Committee on diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic ocid - probably suicide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poismed by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopnicumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need cough; Chronic valvular heart diseasc. etc. The contributory Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will provent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County IV. Many	09489 CERTIFICATE OF DEATH
due de la	Registration Dist. No. 283
Village or City Vayaud (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS,	MEDICAL CERTIFICATE OF DEATH
S SEX A 4 COLOR OR RACE 5 SINGLE, MAULED -	16 DATE OF DEATH
man Male MARRIED. Manual WIDOWED. MORORED (Write the word)	(MU) 3 , 1930 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to Mg - 1920 that I hast saw h alive on MA 10 1923U,
7 AGE [If LESS than	
149 yrs. 19 mos. 19 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Judiculosu of Lungs
(b) General nature of industry	12
business, or establishment in which employed or (employer)	(Duration) Jyrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration), yrs. mos. ds.
10 NAME OF STEPHEN STAVE	(Signed) A. O. MANN M. D. M. D. M. D. (Address) M. D. M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of mother Whyww	18 LENGTH OF RESIDENCE (For Hospitols, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent ResIdents) At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Dery Nelson	Former or usual residence
(Address) Dumint	DATE OF BURIAL OR REMOVAL DATE OF BURIAL MIG. 17, 1921
Filed Mg. 15 1920 A. D. Jayman Registrar	7. 6. Mallingly Smallim
If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, should be used only when needed. As examples: (o) whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Doy additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc Foremon, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Solesman, For persons who have no occupation (b) Automobile foctory. The materia (b) Grocery Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonihis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Shock," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercausing death), 29 ds.; L stated unless important Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Committee on Nomenclature Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), etc. The contributory death

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	Jane	
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PLACE OF DEATH	12679 STATE OF MARYLAND
County of Mary	CERTIFICATE OF DEATH
	Registration Dist. No. 2 8-6
Village or City Clements. 2 FULL NAME James alf	St: Ward) (If death occurred line a hospital or institution, give Its NAME in stend of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 0 7 , 1980
6 DATE OF BIRTH 4 // , 186/	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h alive on 9 9 9
of 7 AGE If LESS than I day hrs.	
6 / yrs. / mos. / ds. or min.?	
OCCUPATION (a) Trade, profession or	my o Parolis
particular kind of work	
(b) General nature of industry	(Duration) vrs mos de
which employed or (employer)	Contributory Chron Sullestilled
9 BIRTHPLACE (Ntate or country)	Secondary
10 NAME OF D	(Durstion) wrsds
FATHER Selsen alled new	(Signed) M. D
0 11 BIRTHPLACE	70 - 193 O (Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of lajury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Was Flumas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Francients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of deah?
Lunt C C	Former or usual residence
(Informant) Can C. Carry	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Werens us	Strongels Cents 10-19-103
Filed / O - (7) 1980 Y. V. Palus Registras	Sugare Hall Duardy
If more banks are needed, address tate Negistran	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery,

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros nal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"

"(E:haustion," "Heart lanue,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., whon a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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MARGIN RESERVED FOR BINDI

V. S. No. 1

DI LOG OF DELETI	1/1/1/1/1/1/
PLACE OF DEATH	STATE OF MARYLAND
County St Mays	CERTIFICATE OF DEATH
	Registration Dist, No. 284
Village or City Dalwella (No.	St.: Ward) (If death occurred a hospital or institution, give its NAME stend of street e
2 FULL NAME John & Eures	Trey, number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH June 7 , 19200
Male Col WIDOWED. J-	(Month) (Day) (Year).
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
SEPT 1920	I sa hos asked theed
7 AGE (Day) (Year) (Tonth) (Day) (Year) (Tonth)	that I last saw halive on 192
l dayhrs	
yrsds. ormin.	from cures higakun and
8 OCCUPATION	
(a) Trade, profession or	tes long, whooping though
(a) Trade, profession or particular kind of work	tes Coy. Whooping though
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	hour och com un franch
(a) Trade, profession or particular kind of work (b) General nature of industry	Tour Oche Cope un formed (Duration) yes mos.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	how other care in former (Duration) yes mos.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) MA 12 Country 13 Country 14 Country 15 Country 16 Country 17 Country 18 Country 19 Country 10 NAME OF FATHER (State or country)	Contributory Secondary (Duration) (Duration) (Signed) (Signed)
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Secondary (Duration) (Duration) (Signed) (Signed)
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 MOTHER 17 MOTHER 18 BIRTHPLACE OF MOTHER 19 MOTHER 10 MOTHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Contributory Secondary (Duration) (Duration) (Signed) (Signed)
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MOTHER (State or country) MAIDEN NAME OF MOTHER (State or country)	(Signed) *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration) (Contributory Secondary (Duration) (Duration) (Signed) (Sign
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(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration) (Contributory Secondary (Duration) (Duration) (Signed) (Sign
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Duration) (Contributory Secondary (Duration) (Duration) (Signed) (Sign

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Nervaul, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken loborer, Form laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemoid. etc. If the occupation has been changed definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Stotionary fireman, etc. For persons who have no occupation (b) Automobile factory. The materia As examples: (a) But in many (b) Grocery,

Statement of Cause of Death—Name, first, the his-EASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences e.g., sepsis accident; Revolver wound of head-homicide: Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicocomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature carbolic acid—probably suicide. The n ture of the injury, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse." "Coma, peritonoeum, etc., Coreinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need for malignant neoplasms); Measles; Chronic volvular heart discose, Example: Meosics (disease etc. The ." "Convulsions, contributory not be

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S. No. 1

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See instructions

PHYSI-

PLACE OF DEATH County St Many Village or City States (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 287 St.: Ward) (if death occurred in a hospital or institu-
2 FULL NAME Infant Handy	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Sleet SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 5 , 1930
(Month) (Day) (Ye	
Jyrs. Comoa. u ds. or n	hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry buainess, or establishment in	The state of the s
which employed or (employer) BIRTHPLACE (State or country) Manual	Contributory Secondary (Duration) yrs
10 NAME OF Harry Handy	(Signed) M. D. July 5 1972 (Address) great will hel
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jenewa Holly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of death yra mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) freeze Hanly (Address) Solland Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 10	20 UNDERTAKER ADDRESS

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Stationury fireman, etc. But in many For persons who have no occupation Automobile factory. The materia Laborer-Coul mine, etc. Wom-As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, "Inanition, "Weakness," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stited unless important. use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," eletions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Examples: Accidental drowning; Struck by resilway train taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not pe ss important. Example: Measles (disease Chronic valvular heart disease; ," etc., when a definite disease etc. The contributory death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificater----CORD LN BINDING PERM IS A MARGIN RESERVED FOR WITH UNFADING INK--THIS INL WRITE

V. S. No. 1

PLACE OF DEATH	GEGA STATE OF MARYLAND
County ST Mary 7,	CERTIFICATE OF DEATH
	(74a) 2 82
	Registration Dist. No.
Village or City Pravelle (No.	St.: Ward) (if death occurred in a hospital or institu-
-	tion, give its NAME in-
2 FULL NAME Thomas Viet	stead of street and number.)
-POLL NAME.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH O
WIDOWED, Making	9. Jan 6 , 1920 .
Male Chela (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I nttended the decensed from
904 26 187	Jan 5 1920. to Jan 57 , 19230
(Month) (Day) (Year)	that I last aaw h is alive on far 67, 1923.0
	- 300
7 AGE If LESS tha	
Jyrs. // mos. / ds. or min.	
(a) Trade, profession or meroleul	Mery may your
particular kind of work	(la softled y
(b) General nature of industry business, or establishment in	La Koon
which employed or (employer)	(Duration) yrs. mg
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration)ds.
1 10 NAME OF PO	of book own
FATHER IN, J. Hardeng	(Signed) PO 1
11 BIRTHPLACE	Jan 1920 (Address) Tellowe Hall
L OF FATHER D 701	*State the Pissase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Ш	Accidental, Suicidal or Homicidal.
of Mother 9	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a garage	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrs
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
71 1	Former or usual residence
(Informant) Too. Tong Harding	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Oravielo	17.72 1 04 1 9 1 8 2A
(Address)	- MI COCC COCC
15 Filed Jan 7 198 octom & Sathon	20 UNDERTAKER
Registrar	Le gorbor Mechanocella
to Lanks are moded address that Kegista	ear. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of household only (not paid Housekeepers who receive a Foreman, For many occupations a yrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on 6 persons cn-The ques-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Broneloopneumonia ("Pneumonia,")

approved stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJUNY by Committee on Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature Always qualify all

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RECEIVED

CORD MARGIN RESERVED FOR BINDING INLI, WITH UNFADING INK--THIS IS A PERMANENT WRITE

V. S. No. 1

PLACE OF DEATH	04588	STATE OF	
County St. 1/100	(90)		TE OF DEATH
Martien	(19)	Registratio	n Dist. No. 8 3
Village or City Com part (No	usin	St.: Wa	rd) (If death occurre a hospital or ins tion, give its NAMI stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICAT	E OF DEATH
May Mule 5 SINGLE, MARRIED, Melling WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	//	24-, 1925 (Day) (Year
6 DATE OF BIRTH	- 1	/	attended the deceased f
//am 1 1853	***************************************	192 to	, 192
(Month) (Day) (Year)	that I last saw h	alive on	, 192
7 AGE			
yrs. // mos. 2 ds. or min		H * was as follows:	
8 OCCUPATION	11.11.00	Jarull.	- 011
(a) Trade, profession or armicular kind of work	ANIME 9	para	
(b) General nature of industry			·····
business, or establishment in which employed or (employer)		(Duration)	2 mos
9 BIRTHPLACE 5/1/	Contributory M.	ulusellu	isus .
(State or country)	100	Duration)	Yes mos
TATHER MANAGE HOLLING	(Signed)	Smith	
- COUNTROL MANNESTO	100 211 1	(Address)	VACINAA.
OF FATHER MA	0 / 1		/ // /
Z (State or country) / W	Violent Causes, st.	ate (1) Means of or Homicidal.	or, in deaths from
12 MAIDEN NAME OF MOTHER AND NOTE OF MOTHER			spitals, Institutions, Ti
13 BIRTHPLACE	ienta or Recent Re		
OF MOTHER (State or country)	At place of deathyrsm		the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contri if not at place of deat	racted, h?	***************************************
(1) attandam	Former or		
(Informant) / My (M) MANSON	19/PLACE/OF BURIAL		DATE OF BURIA
(Address) 10 Maplier	Mastra		ahr 26
	- VILLUW PHINNEY		1999,000, 190
	20 UNDERTAKER	1	I / ADDRESS
Filed April 24 198 1. 12 Mism Registrar	20 UNDENTAKER	Poli,	Washier

(Approved by U. S. Census 2nd American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

BUREAU

approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely carbolic acid-probably suicide. Then ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. can be ascertained as the cause. Always qualify al "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus," "Old Agc," "Shock, Chronic valvular heart disease Example: Measles (disease chopneumonia (secondary), ctc. The contributory Nomenclature not be

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Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LZ BINDING PERM WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR INL WRITE

V. S. No. 1

N. B.

PLACE OF DEATH County St Mary o	03253 STATE OF MARYLAND CERTIFICATE OF DEATH
	(129) Registration Dist. No. 284
Village or City 6 horlotto House	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Gédeon Des	tion, give its NAME in- spead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Morch (Month) (Day) (Year)
6 DATE OF BIRTH Quy 23, 1856 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to Mark 6 4 , 1920, that I last saw h alive on Mark 6 4 , 1950,
7 AGE 7 3 yrs. 6 mos. // ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Chonic Values Heat diserie
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) St Mong & G. 6 Md.	Contributory Edg. Ne philip Secondary (Durstion)
10 NAME OF Scaleon D. Harreson	(Signed) Levy Joch M. D. 21 7 19230 (Address) Charlette Hace
(State or country) Strainly 60 Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Charles Co Md	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Min Luia Harrison	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Charlotte Hael.	are fact Church. 3/8 . 1036
15 Filed mod 7 1930 Lain Jacksoni Registrai	Drieh and Levale Hugheraile
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fremon, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer, yrs). (b) Cotton mill; (a) Solesman. without more precise specification as Doy Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coal mine, etc. Womsingle word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis," "Inanition," "Marasmus, Ou Age,
> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "IIaemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.--Every item of information should be carefully supplied ACE should be state XACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING ITH UNFADING INK---THIS IS A PERMA FOR MARGIN RESERVED WRITE P ż

V. S. No. 1

PLACE DE DEATH	STATE OF MARTLAND
County Mh Malley	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or Englowell della Comment	St.: Ward) (If death occurred in
	tion, give its NAME in-
2 FULL NAME RELIE DIE WILLIAM	Kory Hor de stead of street and number.)
PERSONAL AND STATISTICAL PARTYCULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH 30 100 30
M WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
Ne. 6 92	192 192 192 30, 192 20
(Month) (Day) (Year)	that I last saw h alive of , 192,
7 AGE If LESS than	and that death occured on the date stated above, atm.
1 21 dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Marie Marie
B OCCUPATION (a) Trade, profession or	Willet ouspellers
particular kind of work (b) General nature of industry	
business, or establishment in	(Durstion) ds.
which employed or (employer)	Contributory / Halleedelle
(State or country)	Duration) yrs. mos. / ds.
10 NAME OF	(Signed) Marell Cl Gloggelew M. D.
FATHER Greaters 17 de	No The Marie of Marie
II BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Courty theelay	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Knows Vorally	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address Neversed Dr.)	1/80 noin 1/80 1930
	20 ONDERTAKER ADDRESS
Filed 19250 Ques On Registrar	to reactiff der Verracale
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health. tired 6 yrs). For persons who have no occupation household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments it is neees-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Physician, whatever, write None. ployed, as At school, or At home. Care should be taken Never return "Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housenuid, etc. If the occupation has been changed report For many occupations a single word or term on home, Furm laborer, Laborer-Coal mine, etc. Womspecifically the occupations of persons en-Compositor, Architect, Locomotive engineer, who are engaged in the duties of the As examples : (a) (6) material Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fover (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all eausing (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State eause for which surgical operation was under-Whooping approved (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), by Committee on cough; or intercurrent) affection need Chronic etc. The contributory valvular Nomenclature of the heart discase; not be

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. A. I the data is exential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County T Wary	(14589) STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 482
Village of City Honasher No. 2FULL NAME Charles Genedict	St.: Ward) (If death occurred in a hospital or institution, give lts NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last eaw here alive on for form, 192
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Jaisonson by lits of Vincour
9 BIRTHPLACE (State or country) MANUE 60 Med	Contributory Secondary (Durstion) yrs mos ds.
10 NAME OF FATHER Welliam Af Haysh	(Signed) M, D, (Signed) M, D, (Address) Particular M
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	iente or Recent Residents) At place In the ol deathyrsmosds.
(Informant) The BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death? Former or usual residence
(Address) Levigadhown Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed 18 19930 Cattal Registrar If more banks are needed, address State Registrar	20 UNDERTAKER ADDRESS ADDRESS
	MA

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken er," etc., (a) Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

f information should be carefully supplied. ACE should be stated EXACTLY, P d state CAUSE OF DEATH in plain terms so that it may be proporly classified. OCCUPATION is very important. See instructions on back of certificate. PERNA BINDIN MARGIN RESERVED FOR WITH UNFADING INK-THIS IS A

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County St Mary

12680

STATE OF MARYLAND CERTIFICATE OF DEATH

90

Registration Dist. No. 287

Village or City front Mills (No	St.: Ward) (If death occurred im a hospital or institu- tion, give Its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Widowed Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH July 10 , 184 (Mohth) (Day) (Yea	that I last saw here alive on Oct 31., 1980.
7 AGE	rs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Disiness, or establishment in which employed or (employer)	Broneka procureia. (Duration)
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary Discondary (Duration) (Dyrs. mos. ds.
10 NAME OF FATHER Charles Wise	(Signed) Pf 3 M. D. Qet 3/ 1980 (Address) Prest mills had
OF FATHER (State or country) Many Carol	*State the I is see Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Prest mills ml	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL At lohns limeters Mor 3, 1930
15 Filed Oct 31 1980 ByBean Mr. Registra	20 UNDERTAKER 20 UNDERTAKER Lonardtown L

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

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should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If repred from laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furnies (reor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Housement, etc. If the occupation has been chan ed to report specifically the occupations of ployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement " etc., without more precise specification as Day Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation persons en-

Strtement of Cause of Death—Name, first, the DISEA. A VALUE DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospical fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacemia," "(PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronehopneumonia (secondary), approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, uceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 28-6 (If death occurred in Ward) a hospital institucias tion, give it NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 0 WIDOWED. OR DIVORCED ponle may Write the word) (Month) (Day)..... I HEREBY CERTIFY, That I attended the deceased from 00 that tions 123 (Day) (Month) 7 AGE IIf LESS than that death occurred on the date stated above, at peliddns I day hrs. or min.? tel (a) Trade, profession or particular kind of work piai important. (b) General nature of industry business, or establishment in _ (Duration) which employed or (employer) TH 9 BIRTHPLACE Secondary (State or country) V DW Should E 1D NAME eA 9 11 BIRTOPLACE ENTS OF ATHER CAUSE *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. information (State or country) 12 MAIDEN NAM 0: OF MOTHER 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunge d 4 U.PA ients or Recent Residents) 20 13 BIRTHPLACE In the OB OF MOTHER of deathyrs......mos.ds. State.....yrs.... (State or Country) IS should ment of OC Where was disease contracted. CIANS should statement of G it not at place of dea h?. 14 THE ABOVE IS TRUE Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2D ANDERTAKER ADDRESS Registras If more blanks are needed, address Ltate Negistrar, 16 W. Saratoga St., Balto., Kequesting V. S. Ivo. 1.

V 8 No. 1

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(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specimeaning, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal faver (the only definite synonym is "Epidemiz cerebros in al mening Ms"); Diphtheria (avoid use of "Croup"); I Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "E:haustion," "Heart ranure,
"Inanition," "Marasmus," "Old Age," "Shook," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection need not be valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stared EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD KEN , WITH UNFADING INK--THIS IS A PER. AIN

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V. S. No. 1

PLACE County	OF DEATH	i alion	8	6686	STATE OF		
County,	i. cacaç			8	CERTIFICAT Registratio	n Dist. No.	
Village or City	LL NAME	4 (No.	en-	ud		rd) (If death a hospital tion, give	
	NAL AND STATIST	ICAL PARTICUL	_ARS	MEDIC	AL CERTIFICATE	2000	
3 SEX Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	je	16 DATE OF DEATH		>	1080
6 DATE OF BIR	(Month)	7 (Day)	, 1930 (Year)		CERTIFY, That I a	attended the d	eceased fron
7 AGE	yrs.		If LESS than I dayhrs. ormin.?	and that death occur The CAUSE OF DEAT	red on the date stat	lef, le	——————————————————————————————————————
(b) General national business, or established which employed BIRTHPLACE (State or could	intry)	-J	***************************************	Contributory Secondary	(Durstion)	prisea	nosde
OF FATH Control Of Fath Of	ACE ER (country)	a / feen		(Signed)	iscase Causing Deat	h, or, in der	aths from Whether
OF MOTH 13 BIRTHPL OF MOTH	ACE	nja		18 LENGTH OF RESients or Recent Reference of death	osds.		
4 THE ABOVE I	May M	of MY KNOWLED	OGE	Where was disease contrit not at place of deal Former or usual residence	acrea, h?		
(Addr		lott 1	rel	19 PLACE OF BURIA	L OR REMOVAL	DATE OF	BURIAL
Filed / >	7- 1930 /	2 v. Col	Registra	20 UNDERTAKER	Reena	ADDRESS	
	If more banks are	needed, addre.s Lts	ate Kegistrar,	16 W. Saratoga St., I	Salto., Lequesting V.	S. 1.0. 1.	

(Approved by U. S. Census and American Fublic Health Association.)

definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of oc-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenelature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n_ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	ry	CIANS should state CAUSE OF DEATH in plain terms so that it may be program class	statement of OCCUPATION is very important. See instructions on back of gent deather	
	EVe	CIA	sta	
1	N. BEvery Item of Information should be carefully supplied. ACE should be stated that			

PLACE OF DEATH	03254 STATE OF MARYLAND
County Mary &	CERTIFICATE OF DEATH
	Registration Dist. No. \$ 282
Village or City Lenoard Comme.	St.: Ward) a hospital or institu-
9 10 66	tion, give its NAME in- stend of street and
2FULL NAME Crosq Freque	Hendesson. number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Hack (Write the word)	(Mosth) (Day) (Year)
6 DATE OF BIRTH 2 04 6	17 I HEREBY CERTIFY, That I astended the deceased from
May 16 , 1883.	lug 8 189 10 3/1072/ ,1080
(Month) (Day) (Year)	that I last saw ham alive on // alive on /
7 AGE [If LESS than	
45 yrs. Pinos. 29 ds. or min.	The CAUSE OF DEATH was as follows:
B, OCCUPATION	Some My and was find we
(a) Trade, profession or	Marian
(b) General nature of industry	
business, or establishment in	(Duration) yrs. mos. de.
hich employed or (employer)	Contributory
9 BIRTHPLACE (Ntate or country)	Secondary
1 10 NAME OF	(Durstion)ds,
FATHER ADOLLA Venvesson	(Signed) M. D.
() II BIRTHPLACE	All un 192 (Address). Law and Ol Com
OF FATHER (State or country) wiking.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Q 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Jally Coales	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) Miknom.	of death yrs ds. State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Washel Hemolesson	Former or usual residence
(Informant) + Machael / Machael	19 PLACE OF BURIAL OF REMOVAL
(Address) Lenoprollom	Johns Chusch Hord Han 25, 1880
15 Filed 3/23 1923 6 Comalie Registral	Semen Halingly Lengard on
If more blanks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House-Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as For persons who have no occupation As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EA: 5 ("USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Exhaustion," "Heart failure, Haemonnunge, "Shock," "Shock," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonueum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., scpsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, for malignant neoplasms); Measles; Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	PHYSI-	PLACE OF DEATH County of Mary Co	STATE OF MARYLAND CERTIFICATE OF DEATH
Z E	y classificate.	Village or City Clements (No.	Registration Dist. No. A St.: Ward) (If death occurred in a hospital or institution, give its NAME instance of street and number.)
	cho	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(a)	d he at	Onale Color or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word)	16 DATE OF DEATH (Mostly (Day) (Year)
R BIND A PERN	CE choul hat it ma lons on b	6 DATE OF BIRTH May 1611, 1930 (Month) (Day) (Year)	that I last saw h 1 alive on fully 2 1 1 1930.
ED FO	pplied. A erms so t e instructi	yrs. / mos. 2 ds. If LESS than I day hrs. or min.?	and that death occurred on the date streed above, at
KT	su in t	(a) Trade, profession or particular kind of work	Esterminatelle leterator
RESE NG IN	refully in pla rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
RGIN	be ca EATH y impo	9 BIRTHPLACE (State or country) of many los and	Contributory Secondary (Duration) yrs,mosds.
MAF H UN	hould OF D	FATHER John Henry Hansley	(Signed) To July M.D. M.D. M.D. M.D. Address) January M.D.
WIT	CAUSE CAUSE	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T)	state CCUPA	of Mother Mary Naissand 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds, State yrs mos ds,
	of uld	(State or country)	Where was disease contracted, if not at place of dea.h?
WRITE	S sho	(Informant) John Henry Henriley	Former or usual residence
H 4	Every lt	(Address) Comercy Mg	Haloy seur Courson and 9 219 30
i i		Filed Clay 9 192 Clauding Registrar If more blanks are needed, address tate Registrar	With G Malling ly Leonardown
	-	it more planks are needed, address ctate hegistrar	May

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis carbolic acid—probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age, Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory " Shock,

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WRITE

PLACE OF DEATH	12681 STATE OF MARYLAND
County Mary	CERTIFICATE OF DEATH
	Registration Dist. No. 282
Village or City Hollyworth No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME Feorge Westington for	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while (Write the word)	16 DATE OF DEATH Of 232, 1920 (Month) (Day) (Year)
6 DATE OF BIRTH Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Same the the consequent of 23 1/922.
(Month) (Day) (Year) 7 AGE If LESS than	that I-last-saw-halive on
I day hrs.	and that death occurred on the date stated above, at hat
yrs. 3 mos. 4 ds. or min.?	A LA
OCCUPATION (a) Trade, profession or	Cerebral appleful
particular kind of work Tasmust Koulomen	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion) wrs. mos. ds.
9 BIRTHPLACE (State or country) At marsh low had	Contributory Secondary (Durstion) (D) yts mos de.
10 NAME OF FATHER	(Signed) M. D.
11 BIRTHPLACE	(CA21 192) (Address) Hamber Charles
OF FATHER (State or country) of marsh to Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (i) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sarah	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place in the of death yrs mos ds. State yrs mos ds.
(State or Country) H. May (So. Mg.	Where was disease contracted, if not at place of dea.h?
2 41.71.4111	Former or usual residence
(Informant) Mrs Raysifelle THICK	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hullywood Mid	St Johns Cemetary Qc/25, 1530
Filed 0 192 Caccales Registras	Will be matterilled Jeonardlown
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Bequesting N. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. to report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia, fever (never report "Typhoid Pneumonia");

Danstered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

data is essential permanently filed. American Medical Association.) Capproved by Committee on stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and a'l questions "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature not be

BINDING

FOR

RESERVED

MARGIN

3 No. 1

PLACE OF DEATH	STATE OF MARYLAND
County S. Way	CERTIFICATE OF DEATH
	Registration Dist. No. 286
Village or City Chapties (No.	
2FULL NAME James Caus	St: Ward) (if death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH 2
Mule while (Write the word)	3 2 3 , 193 0
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1 20 .0.1	198 0. to192 0.
(Month) (Day) (Year)	that I last saw h live on 3 - 23 - 198 6.
7 AGE If LESS than	and that death occurred on the data stated above, at 9 0 m.
0) 5 3 day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Ugute Inde gester
8 OCCUPATION (a) Trade, profession or	Planach poise
particular kind of work (b) General nature of industry	furtall Caused by exting log ment.
business, or establishment in	in the form of ham sandwishes cult.
Which employed or (employer)	Contributory Ora Salen
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF A	(Duration) Jrsds.
FATHER GEORGE CO. Ob. of & 1/2/1	(Signed) W V aleew M. D.
IN 11 BIRTHPLACE	3-2 4 1920 (Address) are bud
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
C 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Way Casherine McClaste	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of dea h?
(Informant) Themas Sudle 1419	usual residence
of the state of	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
(Address) waywww wo	Butto & 3-25, 1930
15 Filed 3 . 2 4 198 0 M. Palum	2D UNDERTAKER ADDRESS
Registraı	a. C. Wilch Chaples mo
If more banks are needed, addra.s Ltate Registrar	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

MADE

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "E:haustion," "Heart lanure, "Shock," "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (secondary or intercurrent) affection need American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature not be disease;

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Registration Dist No. class (If death occurred in Ward) a hospit I or institution, give its NAME i. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. 90 WIDOWED. OR DIVORCED onld (Write the word) (Month) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the decensed from 192 that that I last saw halive on (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: terms ds. or min.? SERVE 99) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in .(Duration)yrs. mos... which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER shot E CF 11 BIRTHPLACE OF FATHER Z *State the Discase Causing Death, or, in SKO Violent Causes, state (1) Means of Injury (State or country) and ш Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-10 ients or Recent Residents) should state 13 BIRTHPLACE At place of death In the OF MOTHER .yrs......ds. Where was disease contracted, if not at place of dea h? Every item CIANS sho statement of usual residence 20 UNDERT If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housennaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer. Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Campositor, Architect, tion applies to each and every person, irrespective of work, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a that fact may be indicated thus; Farmer (rewithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on Locomotive engineer, 3 Grocery;

to time and causation, and to time and causation, and to time and causation, and the same diserse. Examples: 1 and the same diserse. Examples: 1 and the only definite synonym is "Epidemic cerebrofewer (the only definite synonym is "Epidemic cerebrofewer (the only definite synonym is "Epidemic cerebrofewer (the only definite synonym is "Examples: 1 and Statement of Cause of Death-Name, first, the DIS-

American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuentia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is loss definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvidar heart disease, Example: Measles (disease etc. The Nomenclature contributory

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

m	Registration Dist. No.
Village or Chylling (No. 2) 2FULL NAME fulin 6H	St.: Ward) (if death occurred in a hospital or institution, give its NAME II stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WILDOWEDD OR DIVORCED (Write the word)	16 DATE OF DEATH Mark 25, 19230 (Month) (Day) (Year)
6 DATE OF BIRTH Den 23, 1854	17 I HEREBY CERTIFY, That Lattended the deceased from 1928 to 1929
7 AGE (Month) (Day) (Year) 7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of induatry husiness, or eatablishment in which employed or (employer)	Forth Exantinence of wine 2nd poin in hips de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Duration) yis mos ds (Signed) M. D
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
(Informant)	Where was disease contracted, if not at place of dea.h? Former or usual residence

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If more b.anks are needed, addre.s Ltate Kegistrar, 16 W. Saratogs St., Balto., Lequesting V. S. Ivo. 1.

V. S. No. 1

WRITE

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(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House laborer, Farm laborer, Laborer—Coal mine, etc. women at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housenwild, etc. If the occupation has been changed household only not paid Housekeepers who receive a For many occupations a single word or term on that fact may be indicated thus; Former (rewithout more precise specification as Day For persons who have no occupation (b) Grocery,

Strument of Cause of Death—Name, first, the DISEA: "VISING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on letanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the lnjury, as fracture of skull, and consequences (e.g., sepeis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart discase; etc. The contributory Nomenclature Measles;

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No.

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N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County Masys	10668 CERTIFICATE OF DEATH
Al la la	(29) Registration Dist. No.
Village or City Lesso Occ Class of Mol	St.: Ward) (if death occurred in a hospital or institution, give its NAME is
2 FULL NAME Leograna Ho	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale Hack SSINGLE, MARRIED, molomed OR DIVORCED (Write the word)	16 DATE OF DEATH Supposed 1980 (Mouth) (Day) (Year)
6 DATE OF BIRTH Whenom, 1868 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1950, to 1950, 1950, that I just saw her alive on 1955, 1950,
7 AGE Obsert 12 yrs. mos. ds. If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work housekeeping	disease.
(b) General nature of industry Lusiness, or establishment in which employed or (employer)	(Duration) J. yts, mos ds,
9 BIRTHPLACE (State or country) Do Marys carly.	Contributory Secondary (Duration)
10 NAME OF FATHER Hilliam Brend	(Signed) John G. G. M. D. Sift & 192 5 (Address) Lens anollown
OF FATHER (State or country) Manys Co, Ad,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Anknown.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Mikenom.	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Ackson Holly Son)	Former or usual residence
(Address) Lons anothern.	Ladys Chapel Brittons Sople 1990
Filed 9/21 1922 d Queller Registra)	Wishard Thomas July Lee Md
If more b-anks are needed, addre.s ttate Registrar	, 16 W. Saratoga St., Baito., frequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Forma or given up on account of the DISEASE CAUSING DEATH. ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Loborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planler, tion applies to c.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-(a) Foremon, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation Stationory fireman, etc. But in many Salesman, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same dise.se. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopacumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., whon a definite disease American Medical Association.) approved by Committee on tclanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, st_ted unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railwoy train-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as etc. valvular heart Nomenclature The contributory disease;

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Und

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIAN'S should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. LAINLT, WITH UNFADING INK-THIS IS A PERMAKENT MARGIN RESERVED FOR BIND WRITE

V 3 No. 1

PLACE OF DEATH County Maujs	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 282
Village or Character (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19250 to Mul 7, 1920 that I last saw h and a Mul 7, 1925
7 AGE Stalling ds. If LESS than day hrs. or min. ?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Tuelton
business, or establishment in which employed or (employer)	(Durstion)yrs,mosds,
9 BIRTHPLACE (Ntate or country)	Contributory Secondary
10 NAME OF JAMES ORIGINAL HOLK	(Signed) Jawi C. Allelen M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Casalel DODE	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Francients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Losabe Hall (Address) MACALLES A)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Of 1923d Cadecalin	290N DERTAKER ADDRESS ADDRESS MONEY
	, 16 W. Saratoga St., Balto., Acquesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, laborer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, Compositor, For persons who have no occupation (b) Automobile factory. The material Architect, -Coal mine, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-Committee on Nomenclature Chronic etc. valvular heart disease; The contributory

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See Instructions on back of certificate.

	PLACE OF PEATH	
	County HMay	
	County	6
	W -	3
Vil	lage or City	-
	Jo D H	1
	2FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	
3 5	SEX 4 COLOR OR RACE 5 SINGLE,	16
0	WIDOWED. OR DIVORCED	
1	(Write the word)	
6 [DATE OF BIRTH	17
	feen d L, 1903	
	(Month) (Day) (Year)	that
7 A	If LESS than I dayhrs.	and
No.	/yrs. 2 mos. 22ds. or min.?	
8	OCCUPATION	
P	a) Trade, profession or fallowers articular kind of work	*******
	b) General nature of industry	******
	visiness, or establishment in which employed or (employer)	
9 E	BIRTHPLACE 1	•
	(State or country) / Marys (0)	
1	10 NAME OF STATES	(Sign
	I was not	
TS	11 BIRTHPLACE OF FATHER	
RENT	(State or country)	
∢	12 MAIDEN NAME A A A A A A A A A A A A A A A A A A	18 I
4	13 BIRTHPLACE / / / / /	1
	OF MOTHER (State or country) Af Mann Cen	At p
14	THE ABOVE IS TRUE TO THE BEST OF WE KNOWLEDGE	Who
	0 1 21 17	Forr
	(Informant) add wat	19
	Monganya	4

12682

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

MEDIC	AL CERTIFIC	ATE OF	DEATH	
16 DATE OF DEATH	\$ 10 (Mont	/ Q	21 , 190 Day) /9345	3 b
17 I HEREB	LERTIFY, The	at I attended	d the decease	d from 192. (2)
and that death occu	rred on the date	stated abou	10, at	Pm.
Lile				5
	(Duration	n)yrı	/ 5 mos	ds.
Contributory Secondary	Duratio	n) X	5. / 8. mos	ds,
(Signed)192	(Address). C	V al	Ude	M. D.
	is ase Causing tate (1) Means	Death, or,	in deaths and (2) Who	frem ether
18 LENGTH OF RE		Hospitals,	Institutions,	Trans
At place of death yrs	mosds.	In the State	yrsmos.	ds.

ot at place of death?

ner or

OR REMOVAL

If more b.anks are needed address ttate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

Registra

V. S. No. 1

83

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs,. state occupation at beginning of illness. If retired from Spinner, (b) Cotton will; (a) Salesman, (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know or the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Semant, Cook, ployed. as At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Houselaborer, Farm loborer, Laborer—Cool mine, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a borer, Farm loborer, Laborer—Cool mine, etc. Womreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a that fact may be indicated thus; Farmer (re-For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the Distance of Cause of Death—Name, first, the Distance of Cause of Death—Name, first, the Distance of the same accept ed term for the same disease. Examples: Cerebrosphala fever (the only definite synonym is "Epidemic cerebrosphala spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of American Medical Association.) aphroved by Committee on "tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY (secondary Chronic interstitial nephritis, fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) for malignant neoplasins); Measles; Chronic valvulor heart Example: Measles (disease affection need not be etc. The contributory Nomenclature disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

properly classified. should be stated EXACTLY it may be properly classifie n terms so that i ACE MARGIN RESERVED FOR terms EATH in plai Every item of Information should CIANS should state CAUSE OF DI statement of OCCUPATION is very

1PLACE OF DEATH

ada Hollon

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

N.	C+.	13/4	١
******		Ward)

MEDICAL CERTIFICATE OF DEATH

(if death occurred in a hospital or institu-tion, give its NAME ir-stead of street and number.)

COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
MARRIED. Many	ang 24 , 1936
OR DIVORCED (Write the word)	11/22
(Write the word)	(Month) (Year) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 1 1882	any 24 1920 to Cuy 24 , 1920,
	7 2 6 4 1
U (Month) (Day) (Year)	that Vlast saw ham alive on
[If LESS than	and that death occurred on the date stated above, at 125 a.m.
I day hrs.	The CAUSE OF DEATH * was as follows:
18 yrs. 7 mos. L ds. or min.?	Paralisis
ssion or 2/	
of work Hause lange	
re of industry	
or (employer) Tom. have work	yrs,mosds.
or (employer)	
	Contributory Secondary
(V) St. my las	
Fr My Cas	(Duration)yrsmosds,
1	(Signed) Hang C. Chappelean M. D.
Jeorge Barnes	
Ε	trug 24 1930 (Address) Hugher with mid
. 11. 7	*State the Disease Causing Death, or, in deaths from
ountry) It. Brey les rud	Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
AME _	
Malgea Holly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
CE TO	
1 1 1 1 1	At place In the Stateyrsmosds.
untry) It'my loo mit	Where was disease contracted,
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1	Former or
James Hoselow	usual residence
<i>1</i>	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 Muhamismele md	at Joseph aug 26, 1930
2 0 1930 deven Hackoron	
Registrar	E. Jenbon Mchamille mil
If more blanks are needed, address State Registrar	, 16 W. Savatoga St., Balto., Requesting V. S. No. 1.

	PERSO	NAL AND	STATIST	ICAL	PARTICU	LARS
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5 0	DATE OF BIF	RTH	The state of the s		/	
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			(Month)	(Day)	(Year)
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E	(State or co	untry)	s. mi	- 1	ما	
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AKE	12 MAIDEN	NAME _		,	Noce	
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		ress) M				
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V. 8. No.

(Approved by U. S. Census and American Public Health Association.)

state oeeupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neceshousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocete., Foreman, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> letanus) may be stated under the head of "contributory." American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traineausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature Chronic valvular heart disease, Example: Measles (disease chopneumonia (seeondary), etc. The contributory

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V. S. No. 1

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SERVED FOR BINDIN	INKTHIS IS A PERMANENT CORD	lly supplied. ACE should be stated EXACTLY, PHYSI-

	09492 STATE OF CERTIFICATE	OF DEATH
2FULL NAME Mantha Hughes	St.: Ward	(If death occurred Im a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	20 1930 (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I at	ended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than I day hrs.	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, at 9 A m.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	mos G de
B BIRTHPLACE (State or country) Manakand	Contributory (fulsamony (Duration)	yro 4 raco de.
10 NAME OF FATHER James Hughes 11 BIRTHPLACE OF FATHER	(Signed) 1980 (Address) Press	M. D. M. D. M. D. Or. in deaths from
OF FATHER (State or country) Manylor 12 MAIDEN NAME OF MOTHER OF MOTHER Sarah & Barnes	*State the l'iscase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospi	
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	Where was disease contracted.	eds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?	
(Informant) James Hughres	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) Start Toller	2D UNDERTAKER	ADDRESS 1930

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. I.

Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation - Precise statement of octired 6 yrs. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mina, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Physician, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery.
Foreman, (b) Automobile factory. The materia For many occupations a Compositor, Architect, Locomotive engineer, seer, Stationary freman, etc. But in many For persons who have no occupation single word or term on The ques-Grocery;

Strtement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to this and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferent (the only definite synonym is "Epidemic cerebrospinal meningitis", Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, cough; Chronic etc. The contributory valvular heart disease;

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If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospit I or institution, give its NAME i. -stead of street and number.)

(Day)

yra, tnos.....

DATE OF BURIAL

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or, in

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in dome-tic service for wages, as Servant, Cook, Housenmid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Collon mill; (a) Salesman. that fact may be indicated thus; Farmer (rewithout more precise specification as Day Compositor, Architect, Locomotive engineer, At school, or At home. Care should be taken For persons who have no occupation (b) Automobile factory. The material (6) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"; Lobar pneumonia, Branchapmensonia ("Pneumonia,")

stated unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of tolanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritoritis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease ", Exhaustion," "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) affection need not be Chronic valvudar heart disease, etc. The contributory

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PLACE OF DEATH	03257 STATE OF MARYLAND
County at , maryo	CERTIFICATE OF DEATH
	Registration Dist. No. 288
Village or City Morgauge (No	St.: Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MUCH 25, 1980. (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month (Day) (Year)	
7 AGE If LESS than I day hrs. or min.	and that death occurred on the date stated above, at 3.300 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Tumalus Britis
(b) General nature of industry business, or establishment in	(Durstion)yrs,mosds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 11 State or country)	(Signed) M. D. M. Causes state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
of Mother Eva Joung	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos, ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) James Edward Jonefer	Former or usus! residence
(Address) myglauga	St. True fles Much 25, 1980
15 Filed March 26 190 N. B. Januar	20 UNDERTAKER Holt morganiza
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) tired 6 yrs). gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never rcturn "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthworked on may form part of the second statement. "," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (6) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traindiscases resulting from childbirth or miscarriage as causing death), 29 ds.; L. use of "Tumor" for malignant neoplasms); Mcasles, (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature Chronic chopneumonia (secondary), valvular heart disease affection need not be etc. The contributory Always qualify all " Haemorrhage,

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V. S. No. 1

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	N. 3Every item of information should be carefully supplied. ACE should be stated EXACTI	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classic	statement of OCCUZATION is very important. See instructions on back of certificate.
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PLACE OF DEATH	STATE OF MARYLAND
County St Marga	CERTIFICATE OF DEATH
	Registration Dist. No. 287
Village or City Fearman (No	St: Ward) (If death occurred is a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Luyle Genule Black OR DIVORCED (Write the word)	16 DATE OF DEATH 18 DATE OF DEATH 18 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw ham allow on July 2.7, 1930
If LESS that I day hr	s. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Conquister Experies
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF PATHER Olysle. Smith	(Signed) M. D.
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Mansard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Sarah Johnson	where was disease contracted, if not at place of death? Former or usual residence
(Address) Reason Ind	bu home hear Revented why 27, 1930
Filed July 27 1981 Africa Rogistras	John Joylon Ranson Al
If more blanks are needed, addre.s Ltate Registr.	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

"(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewite, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," ete., without more precise specification as Doy loborer, Form laborer, Laborer—Coal mine, ete. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits ean be known. The queseupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g. ged in domestic service for wages, as Scrvont, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planler, Statement of Occupation-Precise statement of oewhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foremon, For many occupations a single word or term on emon, (b) Automobile foctory. The material Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b)

Streement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fear the only definite synonym is "Epidemic cerebros; inal meningitis"; Dightheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetunus) inay be stated under the head of "contributory." eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n ture of the injury, "PUERPERAL seplicacmia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Ilaemourhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) Chronic etc. affection need valvular heart discose; The contributory not be

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	PLACE OF DE	ATH		
(County Story	asyl		
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Vil	lage or City	nasa	to (No.	
/	lage of City		Secretary of Contraction	AL 11
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	13 BIRTHPLACE OF MOTHER (State or counstry)	Din	know	n
4	THE ABOVE IS TRUE	TO THE BES	T OF MY KNOW	LEDGE
	(Informant)	ans I	2. Con	May
	(Address)	Te	MAD in the Daniel	form.
15	- 11/27	102.4/	Cour	uli
	Filed 4	1930		Registras

04530

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Ward)

number.)

(If death occurred in a hospital or institu-tion, give its NAME it-stead of street and

MEL	ICAL CE	RTIFIC	ATE O	FDEA	Н	
16 DATE OF DEA	TH	230	Lo	25	, 192	20
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18 LENGTH OF			Hospita	ds, Inst	itutions,	Trans
ients or Recent	: Residents)					
At place of death yrs	mos	ds.	In the State	yrs.	mos.	ds
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an HASDEDTAKEE	1 (11	01	1	ADDRE	55	0

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on a round of the black it wousing DEATH, state or upation as friming of these. If redired from busines, that first a real indicate I thus; Farmer fretired 6 yrs. should be used only when we in it. additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The quescupation is very important, to that the relative healthwork, or At Hance and children, not gainfully em-ployed an At mynot we it have. One should be taken Spinner, nature of the busine or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation Precise statement of ocwhatever write A Howevaid etc. If the occurrence has been changed gaged in dome to territy for vare, a Screent, Cook to report specically the quality of persons endefinite salar laborer, Farm labor constant in the duties of the household only an aid I^{P} converge who receive a (a) Foreman, b A comobble pleary. The material worked on may form part of the second statement. Never return "Laborer" Forman, ""Manager," "Deal-Physician. Compositor. And Tect. etc., ingineer, For many Ferm lan (b) Cotton without the entering specification as Stationary frances, etc. But in many such 's Hou cuife, occupations a single word or term on 100 1 Locomoline As (xamples: (a) engineer, Wom-

Stytement of Laus of Dark Name, firt, the proFA visit of Laus of Dark Name, firt, the proto disease of Carlotton, and alway the same accepted to a far the same disease. Translat Corebro plant
fever the only define a man is "Epidemic cerebrospinal meningiti": Laus disease of "Croup");
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Lobar preumonia Eventualisment Pneumonia,"

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid—probably suicide. The nature of the injury diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stited unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJUNY for malignant neoplasms); Meusles; Chronie valvular heart disease; Example: Measles (disease etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is ease tial and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH,	
Vil	magana	1
=	PERSONAL AND STATISTICAL PARTICULAR	÷
3:	#======	1
6	Less, or	1.
7 /	75 yrs. // mos. 26 ds. or	13
() () () () () () () () () ()	a) Trade, profession or warticular kind of work work when the b) General nature of industry susiness, or establishment in which employed or (employer)	
	10 NAME OF FATHER FREDEUES SMUSIN	
PARENTS	OF FATHER (State or country) 12 MAIDEN NAME MAN Chraseth Hallung	-2
	13 BIRTHPLACE OF MOTHER (State or country)	
14	(Informant) Olufua J MUSIN (Informant)	1.7
15	(Address) John January	-
	PARENTS	Village or City MAME (No. 2FULL NAME JENGY CAMMA) PERSONAL AND STATISTICAL PARTICULAR SEX A COLOR OR RACE SINGLE, MARRIED, WIDOWED (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE (Month) (Day) 7 AGE (Month) (Day) 7 AGE (Month) (Day) 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ADDITION (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF GOMENTALE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) MAMAMA ADMANDALLA MAMAMA (Address)

STATE OF MARYLAND

	CERTIFICATE OF DEATH
(74-0 Registration Dist. No. 3
5	St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
/	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH Sept 3 , 1930
4	I HEREBY CERTIFY, That I attended the deceased from
	that I last saw halive on, 192,
an	and that death occurred on the date stated above, at
cs.	The CAUSE OF DEATH * was as follows:
	1111
	When Temminage
	(Duration) yrs. mos., ds.
	Contributory
	Secondary (Duration) yrs
	*State the Disease Causing Dearl, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	Accidental, Suicidal or Homicidal.
	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs described yrs described yrs described yrs described yrs described yrs yrs described yrs desc

If more bianks are needed, address State Registrar, 16 W. Saratoga Styl Balto., Requesting V. S. No. 1.

(Year) [lfLESS th.

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ds. or mir

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never rcturn "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Cotton mill; (a) Sclesman, (b) Grocery.
(b) Automobile factory. The material Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tclanus) may be stated under the head of "contributory." "Inanition," "Marasumus,
"Uraemia," "Weakness," etc., when a definite disease stated unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always quality all "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death causing death), 29 ds.; L. Chronic interstitial nephritis, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic chopneumonia (secondary), etc. The contributory valvular heart disease; not be

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V. S. No. 1

PLACE OF DEATH		10671	STATE OF	MARYLA	AND
County DI			CERTIFICAT	E OF DE	ATH
markansas	161-	a	Registration	Dist. No.	100
Village or City ////////////////////////////////////	1		St.: War	tion, give	occurred in or institu its NAME in
2FULL NAME / MMII / 2	led for	aan) + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +	stead of number.	street an
PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICA	L CERTIFICATE	OF DEATH	
Male A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	1	6 DATE OF DEATH	Sept.	?9	, 1930
6 DATE OF BIRTH			CERTIFY, That I a		
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1 10000111 =		and that death occurr		ed above, at	0 01 m
	or min.?	A DEATH	11:-1		
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(b) General nature of industry		***************************************	»·····································		······························
business, or establishment in which employed or (employer)			(Duration)	yrs	mosds
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1,1000			(Duration),	yrs	mosde
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11 BIRTHPLACE	12	19070	(Address)		
OF FATHER Z (State or country)		*State the VDis Violent Causes, sta Accidental, Suicidal o	tease Causing Deat te (1) Means of r Homicidal.	h/ or, in/ de Injury and (2	eaths from 2) Whether
of MOTHER MANY Edward M	eed 1	8 LENGTH OF RES	IDENCE (For Hos	pitals, Institu	tions, Trans
13 BIRTHPLACE OF MOTHER (State or country)	0	At place of deathyrsmc	ln t	he tateyrs	dı
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLED	GE if	Where was disease contre f not at place of death	cted.	*********	
(Informant) Horge Jordan		ormer or isual residence			*****************
(Address) Mongama	17	W DE SHALL	OR REMOVAL	Best. 3	BURIAL 1930
15 Filed 24 29 1930 1. 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Registrar	DESTAKER	lan	MARGI	anzal-
If more bianks are needed, address Sta	ate Registrar,	16 W. Saratoga St., B	alto., Requesting V	. S. No. 1.	1

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Nannition," "Marasmus," "Old Age," "Shock," approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all stated unless important Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, Chronic chopneumonia (secondary) etc. valvular heart Nomenclature The contributory disease; death

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Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMARENT BINDI Y. FOR S WITH UNFADING INK--THIS MARGIN RESERVED WRITE

V. S. No. 1

N. B

PLACE OF DEATH County St Marys	STATE OF MARYLAND CERTIFICATE OF DEATH
	74-00 Registration Dist. No. 287
Village or City Draughes (No	St: Ward) (If death occurred is a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 2/, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH lundrown, 1872	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at
mosds. ormin.? B OCCUPATION (a) Trade, profession or particular kind of work	Erebal himorrhage
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs mos
9 BIRTHPLACE (State or country) Manylorad	Secondary (Duration) yrs
10 NAME OF FATHER PORCE LENGTH	(Signed) M. D.
OF FATHER (State or country) Maryland	*State the liscase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Caya Sayon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Measyland	At place in the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Richard Thomas (Address) Valley Lee md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sept 23, 1930.
15 Filed Sept 22 1980 At Bear Mar Local Registras	Diehard Thomas Villey Lee Mr.
If more banks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, work, should be used only when needed. As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Housemuid. etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farher (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. ployed us At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Colton mill; (a) Salesman. Stationary fireman, etc. But in many (6) Automobile factory. The material (b) Grocery,

Strtement of Cause of Death—Name, first, the pisseal Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n. ture of the injury, "PUERPERAL septicaemia," "PUERFERAL peritonitis, "E:haustion," "Heart range; "Old Age," "Shock; "Inanition," "Marasmus," "Old Age," "Shock; "hon a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by Committee on Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was diseases resulting from childbirth or miscarriage can be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronehopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., whon a definite discase (secondary or intercurrent) or as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sareoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, eough; Chronie etc. The contributory affection need valvular heart Nomenclature Measles ; disease; not be under-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BIND

S. No. 1

Teach of bearing	11931 STATE OF MARYLAND
County of Masself	CERTIFICATE OF DEATH
.0	Registration Dist. No. 282
Village or City Jeones Storo (No.	St.: Ward) (If death occurred a hospital or insti
2 FULL NAME Michael Checas	tion, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH	17 HEREBY SRTIFY, That I attroded the deceased from 192 to 193 , 193
(Month) (Day) (Ye	
AGE If LESS I day	
69 yrs. 2 mos. 9 ds. or n	
a) Trade, profession or	Interstitus Refficier
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrsmos
BIRTHPLACE (State or country)	Contributory Uslisio Sclessors
of mary- as h	(Duration) Jyrs
10 NAME OF FATHER Little Anichael byes	(Signed) M.
of Father 1-2	(Address) (Address)
(State or country) At Mary Cooms	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER TO COM SE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or Country) All March as My	of deathyrsmosds. Stateyrsmos
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa.h?
(Informant)	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	20 UNDESTAKER ADDRESS ADDRESS
Filed 1 1980 Registra	Jon 6 mallingly Honordon
	istrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return"Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, r," etc., For many occupations a single word or term on 3778). Farm laborer, without more precise specification as For persons who have no occupation The ques-Day

Statement of Cause of Death—Name, first, the DIS.

EALE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." atic), as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaennia," "PUERPERAL perilonilis, "(Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular hcart disease; etc. The contributory affection need not be

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V. S. No. 1

N. B.

PLACE OF DEATH County St. Way Village or City Maddy No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 266 St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME BUSH a Sussi	nghe Rumanumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 6 /8 , 198) (Month) (Day) (Year)
2 / 9 , 1938 (Month) (Day) (Year)	17. I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs. I day h	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	ients or Recent Residents) At place of death
(Address) Madely 15 Filed 6 - 17 1930 A. V. Valeur Registrar	20 UNDERIAKER Remarker Meddy L

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. affection need not be valvular heart disease; Nomenclature of the The contributory " Shock,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI- Exact	PLACE OF DEATH County St Manage	10672 STATE OF MARYLAND CERTIFICATE OF DEATH
EXAC iy clas	Village or City Reason (No	Registration Dist. No. 207 St.: Ward) (If death occurred to a hospitual or institution, give its NAME in stead of street an number.)
NDIMERANE MANANE	PERSONAL AND STATISTICAL PARTICULARS S SEX 4 COLOR OR RACE MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
TYED FOR BTHIS IS A P terms so that i	(Month) (Day) (Year) 7 AGE Month (Day) (Year) Month (Day) (that I last saw have alive on Alexander, 1920. and that death occurred on the date stated above, at Amount of the CAUSE OF DEATH * was as follows:
ARGIN RESEINFADING INK	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) Tyrs Those de Contributory (Duration
INLY, WIT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER	*State the l'israse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds, State yrs mos de
WRITE F	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. W. E. Kirrby (Address) Person Mul.	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Celar Point Contractory 20 UNDERTAKER ADDRESS
S I S	Filed Dept 2 1930 PJ 33 In A Registrar If more banks are needed, address that Registrar	20m C matting Cey Roma dtourgh

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter. tired *6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged to report specifically the occupations of persons enployed as At school, or At home. Care should be taken worked on may form part of the second statement. weer, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the bis-EACL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapmeumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the lelanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); "PUERPERAL septicaemia," "PUERPERAL peritonitis, atic), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, interstitial nephritis, cough; or intercurrent) Chronic affection valvular heart disease; etc. The contributory need Measles ; not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE thould be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD PERMA BINDI 4 FOR S WITH UNFADING INK--THIS MARGIN RESERVED WRITE P

V. S. No.

N. B.

PLACE OF DEATH County St Many	03258 STATE OF MARYLAND CERTIFICATE OF DEATH
P	Registration Dist. No. 287
Village or City Leonard (No	St: Ward) (If death occurred im a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single. MARRIED Married Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH March 5, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH Nov 8 , 1874 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to March 5, 1930. that I last saw him alive on March 4, 1930.
7 AGE If LESS than I day hrs. or min.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Emblism of brain and
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos /2 de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF John Klobusicky	(Signed)
OF FATHER (State or country) Hungary	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER adel Safina	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Hungary	At place of death yrs. mos. 8 ds. In the State yrs mos ds.
(Informant) Pla Klobusicky	Former or usual residence At Marsy C. To Mul
(Address) It mary's City Me	Slove Mational Cemetry Mar. 7, 1930.
Filed Merch 6 1920 Pflean March 8 1920 Registras	Ernes & Robinson Demeron Des
If more blanks are needed, addre.s State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regreed in domestic service for wages, as Servant, Cook, Housemond, etc. If the occupation has been changed co report ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., the first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day specifically the occupations of For persons who have no occupation Automobile factory. The material (b) persons en-Grocery;

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever "(the only definite synonym is "Epidemic cerebrost inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJULY Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi Chronic valvular heart disease, eto. The contributory Measles,

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Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n_ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease st_ted unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand quelify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

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B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LNY WITH UNFADING INK--THIS IS A PERMA BINDIA FOR MARGIN RESERVED AINLY, WRITE

8. No. 1

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PLACE OF DEATH	01932 STATE OF MARYLAND
County ST Marys	CERTIFICATE OF DEATH
	Registration Dist. No. 287
Village or City Reason (No	St: Ward) St: Ward) (If death occurred im a hospital or institution, give Its NAME Isstead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Feb
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 1930, to 1930, that I last saw handlive on 1970, 1970,
70 yrs. 10 mos. 25 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Broncho preumoria
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration) yes mos de. Contributory Myora dillo + Chronic
10 NAME OF A DOLLAR OF	nephrilis (Durstion) re (mos. mos.
FATHER Gilbert Clark	(Signed) M. D. Feb / A 1930 (Address) Great mills kill
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Chailes Laft	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Res York	It the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) La Long (Address) Cearion Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ela Point M & Chargh Feb 19, 1930
Filed Feb 18 1930 ABean Months	20 UNDERTAKER 20 Mattingly Lonar Month
If more hanks are needed, addre a tate Kegistr.	ar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servant, Cook ployed us At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed r," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer, Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon, (b) Groeery man, (b) Automobile foctory. The materia without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEA THE CAUSE OF DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Meosles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e g., sepsis, earbolic acid-probably sweide. The n ture of the injury, aeeident; Revolver wound of head-homieide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shook," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Aecidental drowning; Struck by railway train-(secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Soreoma, etc., oi Never report mere symptoms or terminal condicough; or intercurrent) Chronie etc. The contributory valvular heart affection need diseose ; Measles ; not be

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK--THIS IS A PERMACENT BIND WRITE

MARGIN RESERVED FOR

V. S. No. 1

	Village or City augh Sivil (No.	STATE OF MARYLAND (1827) CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and
מכש מו מפונווומ	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
110 6110	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on My 20 , 1980,
inon nem	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at f. m. The CAUSE OF DEATH * was as follows:
iani, se	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstign) Lyrs. mos. ds.
lodiiii (io	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER	Contributory Secondary Duration When the secondary of t
0	II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME TO CAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
	(Informant)	Former or usual residence. 19/PLACE OF BURIAL OR REMOVAL DAME OF BURIAL,
	(Address) AMULL JUHU 15 Filed My 2 1930 1.13 Physical Registrar	20 UN DERTAKER LOUNDERTAKER LOUNDERTAKER LOUNDERTAKER LOUNDERTAKER LOUNDERTAKER LOUNDERTAKER LOUNDERTAKER
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an worked on may form part of the second statement. borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) (b) Automobile factory. The materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart tanue, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage,") tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; L. shopneumania (disease 10 ds. Name (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Chronic interstitial nephritis, Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease, Nomenclature The contributory

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stated EXACTLY, P CORD that it may be be carefully supplied.

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PARENTS	10 NAME OF FATHER 11 BIRTHPL. OF FATHI (State or	ACE ER country)	F Lon Many	gmore	
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STATE OF MARYLAND CERTIFICATE OF DEATH

If more b.anks are needed, addre s tate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

Registration Dist. No. 287

MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH (Month) (Day) (Year) (Month) (Day) (Nother) (Month) (Day) (Nother)	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from May 6 1970 to 1970, 1980, that I last saw he alive on 1970, 1980, and that death occurred on the date stated above, at 8.45 A.m. The CAUSE OF DEATH * was as follows: (Durstion) 78 1008 ds. Contributory Secondary (Durstion) 78 1008 ds. (Signed) 7 1070 (Address) Profile Address of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs 1008 ds. Where was disease contracted, if not at place of death? Where was disease contracted, if not at place of death? PLACE DF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS	MEDICAL CERTIFICATE O	F DEATH
that I iast saw he slive on May 7, 1980, and that death occurred on the date stated above, at 8.45 mm. The CAUSE OF DEATH * was as follows: Contributory Secondary (Durstion) (Durstion) (Signed) *State the I'ls ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds, State yrs mos ds. Where was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? Former or was disease contracted, if not at place of death? ADDRESS	(Month)	(Day)(Year)
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and that death occurred on the date stated above, at \$1.45 \text{A} m. The CAUSE OF DEATH * was as follows: Contributory Contributory	Mary 6 1970 . to W	lay 7 , 1980.
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(Signed)		
(Signed)	Contributory Clearte	yrs nos de.
*State the I'ls ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS	(Duration)	moe
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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 - yrs L business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, us At school, or At home. Care should be taken definite salary, may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealtion applies to each and every person, irrespective of Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons, who have no occupation (b) Automobile factory. The material single word or term on not gainfully em-(6) persons en-

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to fine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, corbolic ocid-probably suncide. Then ture of the injury, "Enaustion," "Heart range,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by roilway train (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Meosles ; under-

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If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	, 1928 C
	(Day)(Year)
17 HEREBY CERTIFY, That I at	tended the deceased from
that I last saw h alive on	1 7-
and that death occurred on the date stated	d above, at pm.
Orefol Remorka	917
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19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
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20 UNDERTAKER	ADDRESS / O(V)

No. 1 的

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tle first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Housemaid, etc. If the occupation has been changed ged in domestic service for wages, as Servant, Cook Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, that fact may be indicated thus; Farmer (rewithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Womsingle word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CANSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar paeumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Inanition," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ethaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association.) approved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonihis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely s; mptomstated unless important. (secondary Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) affection need not be Chronie valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

15 Filed 11-30 -198

PLACE OF DEATH County St. Marys	14044 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No
Village or City Oakley (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME is stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH , 1930
G DATE OF BIRTH Aug 1 1, 1930 Alonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 , that I last saw h alive on , 192 ,
7 AGE 3 wrs. 28 ds. or min.?	and that death occurred on the date stated above, at 8
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts. mos. ds.
(State or country) 10 NAME OF FATHER 11 SIRTHPLACE	Secondary (Dursting) (Signed) (Signed) (Address) (Address)
OF FATHER Z (State or country) 12 MAIDEN NAME C 7	*State the Uscase Causing Death, or, it deaths from Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Omuly Madday 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of death
(Informant) Emily Maddoy (Address) Cakley Mod	Former or usual residence

Registrar

20 UNDERTAKER

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, whatever, write None. busines. that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Serrout, Cook to report specifically the occupations of ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-(o) Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully emyrs . Farm laborer. without more precise specification as Doy For persons who have no occupation Laborer--Coal mine, etc. Wom-Locomotive engineer, (b) persons Grocery;

Strtement of Cause of Death—Name, first, the Ms. EARLY (USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fewer (the only definite synonym is "Epidemic terebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carmoma, Sorcoma, etc., of (name origin; "Cancer" is loss definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencorbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic devular heart etc. The contributory Always qualify all not be discase;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	me	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important. See instructions on back of certificate.
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WRITE AINLY, WITH UNFADING INKTHIS IS A PERMANENT CORD	N. B Every item of information should be carefully supplied. ACE should be stated EXACTLY, P		9
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PLACE OF DEATH

County SA 7	norys		71-0		E OF DEATH Dist. No. 286
	Mary 62	skein	maddo	St.: War	d) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND	STATISTICAL PARTICUL	ARS	MEDIC	CAL CERTIFICATE	OF DEATH
3	R OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	son gle	16 DATE OF DEATH	72~~ (Month)	/4 , 1930 (Day) (Year)
6 DATE OF BIRTH	(Month) (Day)	19/5 (Year)	17_ I HEREBY	Y CERTIFY, That I a	ttended the deceased from
7 AGE / S yr		fLESS than day hrs. or min.?	The CAUSE OF DEA	rred on the date state TH * was as follows:	ed above, at 2 mm.
(a) Trade, profession of particular kind of work (b) General nature of in business, or establishmet which employed or (employed by BIRTHPLACE	ndustry nt in 2n al	pel pe	Contributory Secondary	(Duration)	yts. mos // ds.
(State or country) 10 NAME OF FATHER	Jame Cook /	Madde	(Signed)	W (Address)	Jest M. Destly me
OF FATHER (State or country) 12 MAIDEN NAME	ma				h, or, in deaths from Injury and (2) Whether
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	mary head	mad.	At place of deathyrsyrs	desidents) In the mosds.	pitals, Institutions, Trans he dateyrsmosde
	nes Cook Me		Where was disease con if not at place of des Former or usual residence	a.h?	DATE OF BURIAL
(Address)	only me	WW Registrar	Seene. 20 UNDERTAKER A. C. M.		ADDRESS (Caphes
16	h onks are needed address to	ata Kevistrar		Balto., Kequesting V	. S. No. 1.

14045 STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (4) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate" occupation at beginning of illness. If retired from definite salary, may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emnature of the husiness or industry, and therefere an business that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, laborer, Never return "Laborer," "Foreman," "Namager," "Dealworked on may form part of the second statement. Physician, Compositor, whatever, write None or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine; etc. Womyrs. For persons who have no occupation without more precise specification as Day who are engaged in the duties of the (b) Automobile factory. The material Architect, Locomotive engineer, (b) persons en-Grocery,

Statement of Cause of Death—Name, first, the DISEA: ECUTOMO DEATH (the primary affection with respect to time and education), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningiti": Lightheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," causing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis eurbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Aecidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. ECORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE V. 8 No. 1

	PLACE OF DEATH	14040 STATE OF MA	RYLAND
	County of Munt	CERTIFICATE C	F DEATH
	near 11 pp	Registration Dist	. No. 4
	Village or City Halyword (No	d tie	(If death occurred In hospital or institu- on, give its NAME is - ead of street and umber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED FOR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended	ed the deceased from
	(Month) (Day) (Year)		1 1930
	7 AGE If LESS than I day hrs.		ve, at
	Cold Wyrs. mos. ds. or min.?	111-61	0 10-
	B OCCUPATION (a) Trade, profession or sarticular kind of work	Copsonic Inhelor	reffisilis
1	(b) General nature of industry husiness, or establishment in which employed or (employer)	(Duration) Lyr	sds.
	9 BIRTHPLACE (State or country) of montion los med	Contributory Secondary (Duretion)	1 700 da.
	10 NAME OF FATHER Thor Jangley	(Signed) The state of the state	A.D.
	State or country) of Francis Co Med	*State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	
	of MOTHER Rebecca horsin	18 LENGTH OF RESIDENCE (For Hospitels, ients or Recent Residents)	
	13 BIRTHPLACE OF MOTHER (State or Country) & mary les Ind	At plece of deathyrsmosds. In the State	ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not et place of dea.h?	***************************************
I	(Informant) James Emaler	Former or usual residence	***************************************
	(Address) Alegarous	19 PLACE OF BURGAL OR REMOVAL	DATE OF BURIAL
	Filed /// 1920 Caccalina Registrer	10 UNDERTAKER MULTIN Jey	opress ones flown
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No.	o. 1. /mg

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Village or Cit of Mary Village of Cit of Mary Country Of Mary Country Of the Coun	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in
2FULL NAME OSacua	Dhuraviay a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WINDOWS OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH Muleuoun	17 I HEREBY CERTIFY, That I altended the deceased from
(Month) (Day) (Year of Indian	han and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Purus () Body (accidental)
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory A Contributory A Contributory
9 BIRTHPLACE (State or country) Maras Uses 10 NAME OF FATHER	(Signed) A Quille (B) Queralle M. D.
TI BIRTHRI ACE	1/1 1923 yadron Conaellom
OF FATHER (State or country) 12 MAIDEN NAME)	*State the Discase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ALBEY CLUSS PAR 13 BIRTHPLACE OF MOTHER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Saulshau (Address Couledom	19 PLACE OF BURNOOR REMOVAL DATE OF BURIAL MANUAL 1/2 1930
Filed / 19230 Questien	a. Lear, Work NG
If more blanks are needed, address tate Regin	strar, 16 W. Saratoga St., Bulto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quosshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer Court mine, even the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, House-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material -Coul mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(elanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Chronic etc. The contributory valvular Nomenclature Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. 18.--

PLACE OF DEATH	14047 STATE OF MARYLAND CERTIFICATE OF DEATH
County ST Manage	CERTIFICATE OF DEATH
	(44) Registration Dist. No. 25/
Village or City freat Mills (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an
2FULL NAME James a Maran	stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH NOV 5 , 1930
Male Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw harmalive on 1936.
7 AGE If LESS than	and that death occurred on the date stated above, at
day hrs.	The CAUSE OF DEATH * was as follows:
5 yrs. unhos. or min.	
a) Trade, profession or	Cassina of stonech
particular kind of work datases.	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duretion) yremon de
9 BIRTHPLACE	Contributory
(State or country)	
I 10 NAME OF	(Duration)da
FATHER & B	(Signed)
O 11 BIRTHPLACE	Mor 7 1980 (Address) Great Mills Med
OF FATHER	*State the l'Is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF FATHER (State or country) 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Catherine Monroe	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At place of death yrs mos ds. State yrs mos ds.
	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) & W. Barnes	usual residence
a + 1 -6/2 4 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Treat Marco Ma	St georges Comety Nor 8, 1930
15 Filed May 7 1930 African how	20 UNDERTAKER ADDRESS
local Rogistras	Wetherd snomes Velley her me
If more b.anks are needed, addre.s State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer Jelired 6 yrs. For persons who have no occupation loborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, g get in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every Statement of Occupation-Precise statement of ocworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile fuctory. The material without more precise specification as Doy Compositor, Architect, Locomotive Stationary fireman, etc. But in many person, irrespective of engineer,

EAST CAUSING DEATH (the primary affection with respect to time, and causation), using always the same accept ed term for the same disease. Examples: Cerebra pipal fever (the only definite synonym is "Epidemic cerebrastical meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) stited unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, cough; or intercurrent) Chronic Example: Measles (disease etc. affection need not be valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is reperminently filed.

N.

PLACE OF DEATH County St. Marys	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 286
Village or City Whell (No	St.: Ward) (If death occurred in a hospitul or institution, give Its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	Me week Monthly (Day) (Year)
8 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 10 192 192 192 192 192 192 192 192 192 192
7 AGE If LESS that I day hr	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER The Manual of Manu	(Signed) (Duration) yrs. mos. ds. (Duration) yrs. mos. ds. (Duration) yrs. mos. ds. (Signed) Maller B. Dent. M. D. ALL 197 1980 (Address) Oakley likely
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Madeline Jailey 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
Mormani)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Danied Heart - Fred 19, 19 30

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precion of the duties of the Spinner, (b) Cotton mill; (c) Salesman. (b) Groeery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (7) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a whatever, write Nonc. to report angineer, For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engineer,

spinal meningitis" : Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal Statement of Cause of Death-Name, first, the Dis Typhoid feeer never report "Typhoid Pneumonia"); ferer (the only definite synonym is "Epidemic cerebro-EA. S CAUSING DEATH the primary affection with respect time and causation, using always the same accent. pneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, as fracture of skull, or as probably such, if impossible to determine definitely. (secondary or intercurrent) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonueum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart and consequences (e.g., sepsis, etc. The contributory affection need Nomenclature disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1930

PLACE OF DEATH County / County / County	interrupta)
Village or City H Mary (No.	1616
2FULL NAME Infaut	marie
PERSONAL AND STATISTICAL PARTICULAR	RS
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 OATE
6 DATE OF BIRTH	17
· Olee . Ze , (Month) (Day)	1930 that I la
1 da	ESS than and that The CAU
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contr
10 NAME OF FATHER HOME Maller OF FATHER (State or country) M OF FATHER (State or country)	(Signed).
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country)	Accide 18 LENG ienta At place of death
(Informant) (Address) Consultation (Address)	Where was it not at Former or usual res.
15 Filed 12/20 1980 Care Reg	20 yys

STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Registration Dist. No. 282

MEDICAL CERTIFICATE OF DEATH

St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)

ADDRESS

16 OATE OF DEATH	Dec	. 2	<i>ø</i> ,	192	3,
***************************************	(Month	ı)(Day)	(Year	r)
TOLE HEREBY CERT	IFY, Tha	t Vattende	d the de	ceased f	ron
that I last saw helive	on 00	ee.	20	, 193	36
and that death occurred on	the date	stated abo	ve, at . 3	P	m
The CAUSE OF DEATH * w					
Rema	eur	, 13.	ich		
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	(Duration	VIvi	sm	08	ds
(Signed) Maryl	a. C	acu	ale	س	1 D
(Signed) Marche / Ly 1 1923 dAdd	reed).	our	eap		—
*State the Disease Violent Causes, state (1) Accidental, Suicidal or Hom	Causing \ Means	Death, or, of Injury	in dead and (2)	hs from Whethe	o r
18 LENGTH OF RESIDENCE ients or Recent Residents		Hospitals,	Instituti	ons, l	L STA
At place of deathyrsmos	da.	In the State	yrs	.mos	ds
Where was disease contracted,					

If more blanks are needed, addre.s State Negistrar, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

No. No.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Never return "Laborer," "For man," "Nanager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, For persons who have no occupation (b) Automobile factory. The material mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many Salesman, (b) Grocery,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature etc., of

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-OR	IS A	ACE that
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PLACE OF DEATH County IT Many Etg (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 28.7 St: Ward) St: Ward) Calcu (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. Widowed Server Willowed (Write the word)	16 DATE OF DEATH 0 7, 1930 (Month) (Day) (Year)
marah 7, 1861	17 I HEREBY CERTIFY, That I attended the deceased from 1930, to lug 17, 1936.
(Month) (Ďay) (Year)	that I last saw han alive on Ching 16, 1936.
7 AGE If LESS than I day hrs. 1 day h	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work Buck Murse	Coronary I how bosis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre mos 4 de.
9 BIRTHPLACE (State or country) District of olympia	Contributory Secondary (Duration) 10 yrs. mos. ds.
10 NAME OF FATHER Herman H Voes	(Signed) Al 1920 (Address) Fut mills had
OF FATHER (State or country) 12 MAIDEN NAME	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER marie a feture	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Switzer and	ients or Recent Residents) At place of deathyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant) Mrs M. Cartinson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) At hamp the list Filed ang 18 1980 Angen ho	20 UNDERTAKER ADDRESS ADDRESS D.C.

If more banks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrumt, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm luborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile fuctory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary-affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Enaustion," "Heart mure,
"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid Chronic affection need not be etc. The contributory valvular heart discase; Measles;

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PLACE OF DEATH	STATE OF MARYLAND
County Al Mary	CERTIFICATE OF DEATH Registration Dist. No. 28
Village or City Sew Mestet (No	St: Ward) St: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day), 1930	17 I HEREBY CERTIFY, That I attended the deceased from 193 d. to 193 d., 193 d., that I last saw has a saw harman same on same same of the
Frage If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Corest of irrufation in Cord Juga Versigh Swott Corphisation (Durstion) yes mos de.
9 BIRTHPLACE (State or country) of Many les mil	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER Michael J. M. Lyngan 11 BIRTHPLACE	(Signed) J. J. M. D. M. D. Cleff & M. D. (Address) flumas aforement
Z (State or country) The ladel has On	*State the lisease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Hasan & adams	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manys for Muy	At place of deathyrs
(Informant) (Informant)	Former or usual residence
(Address) muhamismelfing	Hyptimul Parm Oct 18 1, 19.88
Filed Och 8 19230 Lean Backons Registrar	Duck To Quende Hayfreville
If more banks are needed, address tate Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 7.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Stationary fireman, etc. But in many 6) Grocery;

Statement of Cause of Death—Name, first, the Discrete Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Pearbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic affection need valvular heart Nomenclature of the disease; not

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD WRITE

MARGIN RESERVED FOR BINDI

V. K. No. 1

PLACE OF DEATH	06974	STATE OF M	
County // / Lacy	129	Registration D	201
Village or City The Menal No.		St.:Ward)	
2FULL NAME John Da.	lly		tion, give its NAME it - steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH	Ju- (Month)	1030 (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h	3 198 6. to fr	nded the deceased from 1920,
7 AGE [If LESS than		rred on the date stated	above, at 5 Pm.
dayhrs.	The CAUSE OF DEA	TH * was as follows:	
B OCCUPATION we min.?	1		
(a) Trade, profession or familiary and particular kind of work	1 July		
(b) General nature of industry			, ——
business, or establishment in which employed or (employer)	44. ***********************************	(Duration)	yrs. 2 mosds.
BIRTHPLACE (State or country) & Mars 600,	Contributory Secondary	(Dadion)	yrsds.
10 NAME OF Sout Arran	(Signed)	All Dord	Frehm. p.
State or country)	*State the I Violent Causes, s	is ase Causing Death, tate (1) Means of Inj or Homicidal.	or, in deaths from ury and (2) Whether
12 MAIDEN NAME DO IT AND OF MOTHER	18 LENGTH OF RI	ESIDENCE (For Hospit	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrs	mos, ds. In the	yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con if not at place of des	a.h?	00000000110000000000000000000000000000
(Informant) Francis Medly	Former or usual residence		
(Address) Orance	19 PLACE OF BURIA	a Lor REMOVAL	June 3, 198 0
15 Filed June 3 19230 L. Dash	20 UNDERTAKER	Jaln	VADDRESS Nechmurcela
If more blanks are needed, addre a Ltate Kegistra	r, 16 W. Saratoga St.,	Valto., Lequesting V. S	. ho. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an eases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housewaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of c, etc., Foreman, Farm laborer. Luborer-Coal mine, etc. Womthat fact may be indicated thus; Farmer (rewithout more precise specification as Day many occupations a For persons who have no occupation b. Automobile factory. The material single word or term on (6) Grocery;

Statement of Cause of Death—Name, first, the DISEA. SCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resatting from childbirth or miscarriage as "PUERPERAL septioaconia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Sewile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al use of "Tumor" for malignant neoplasms); taken. FOR VIOLENT DEATHS State MEANS OF INJULY (seeondary Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on or intercurrent) Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature Measles; disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County St. War	CERTIFICATE OF DEATH
	Registration Dist. No. 286
Village or City Value	Registration Dist. No.
2FULL NAME Minure U	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 4 /2, 1980
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
6 6 1010	12-1-1929. to 4-12-1923)
(Month) (Day) (Year)	that I last saw he alive on 4 10 - 1920
7 AGE If LESS than	
20 yrs 10 mg 6 da ll dayhrs	The CAUSE OF DEATH was as follows:
di. or min.	- Juliana
8 OCCUPATION (a) Trade, profession or // 6//	Tullienlop.
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. most da.
9 BIRTHPLACE (State or country)	Contributory
I 10 NAME OF	(Doration)ds.
FATHER Candolph Widdles	(Signed) M. V. O alum, M. D.
M 11 BIRTHPLACE	192 (Address) artuit
Z (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OT 12 MAIDEN NAME	
of MOTHER May Lewis	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) May Mudalleli	Former or usual residence
(mormant) pot o grand-out the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Value, C	Capielle atten 4-14 2)
15 - 1/ 12 - 2 Michalana	20 UNDERTAKER ADDRESS
Filed4 - 1930 1 V 1 allu	1
Registra	Fragence (full Il would be

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neccs-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day farm laborer, Laborer—Coal mine, etc. Wom-Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "E:haustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as accidental, suicidal or Homicidal, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY by Committee on cough; Chronic affection etc. The contributory valvular heart Nomenclature of the need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH County of Many A	04592 STATE OF MARYLAND CERTIFICATE OF DEATH
	(77) Registration Dist. No. 2 52
Village or City Chaptes (No Mo	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED OR DIVORCED (Write the word) Snugle	16 DATE OF DEATH . April 24 , 1926
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h man alive on A 1926.
7 AGE If LESS than 1 day hrs. wrs. day day mos. 3 day or min.	and that death occurred on the date stated above, at J
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Mochers medicine of our one. One morphine (Duration) yrs. mos 6 hops.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) (Signed) (Signed) M. D.
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF COUNTRY OF COU	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER Mataluce Evelucions 13 BIRTHPLACE OF MOTHER (State or Country) I May Ca	ients or Recent Residents) At place of deathyrsmosds. Where were disease contracted.
(Informant) In the BEST OF MY KNOWLEDGE (Address) Chaffeco	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL SL Josepho Chr. Date Of BURIAL Ohr 25, 1936
Filed afre 15 1920 d. Deckome Registras If more banks are needed, addre, a Ltate Registras	20 UNDERTAKER COCCUIS Chaphes or, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Foremun, (b) Automobile factory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laboreryrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the -Coal minc, etc. (6) The ques-Grocery; Wom-

Strtement of Cause of Death—Name, first, the DIS-EALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrosfinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, Committee on Nomenclature nephrilis, etc. The contributory contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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ARGIN

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Furmer (14) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons en-," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as For persons who have no occupation (b) Automobile factory. The material Luborer-Coul mine, etc. Wom-Locomotive engineer, (d) The ques-Grocery,

Statement of Cause of Death—Name, first, the Discrete Cause of Death—Name, first, the Discrete Cause Cause of Death—Name, first, the Discrete Cause Cause Cause of the same accepted to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-Il spinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobar pueumonia, Branchopneumonia ("Pneumonia");

telunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart name,"
"Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Recommendations on statement of cause of carbolic acid-probably suicide. The n-ture of tho injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinomu, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Huemorrhage, Chronic Example: Measles (disease valendar heart disease; etc. The contributory Nomenclature

If the certificate is looked over thoroughly and all quistions unswered in detail, it will prevent further correspondence. All the diff is essential and must be obtained before the certificate is parametrly filed.

N 6 193

PHYSI-PLACE OF DEATH STATE OF MARYLAND 1688 CERTIFICATE OF DEATH Registration Dist. No. (If death occurred im Ward) a hospitai or institution, give its NAME ir certificate stead of street and number.) ated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH +5 SINGLE. 6 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCED pino (Write the word) (Month) (Day)... ma HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH uction (Month) (Day) (Year) that I last waw h _____ alive on 7 AGE IIf LESS than and that death occurred on the date stated above, at 80 I day hrs. pplied The CAUSE OF DEATH * was as follows: str mos. Ë 8 OCCUPATION 99 (a) Trade, profession or ns particular kind of work pla (b) General nature of industry business, or establishment in (Duration) mporta = which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) be EA OG 10 NAME OF 0 FATHER B. sho (Address) 67) II BIRTHPLACE S OF FATHER ENT *State the lis ase Causing Death, or, in deaths from 50 Z Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 00 (State or country) TIO CA 12 MAIDEN NAME C Hospitals, institutions, Trans-PA 18 LENGTH OF RESIDENCE (For OF MOTHER nform 90 ients or Recent Residents) t of OCCU? 13 BIRTHPLACE In the At place of death... OF MOTHER (State or Country) Where was disease contracted, of it not at place of dea.h?. Former or usual residence. 60 Every it CIANS stateme DATE OF BURIAL m If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the whatever, write None. to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stationory fireman, etc. But in many Locomotive The quesengineer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (c. g., sepsis, "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemourhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Corcinomo, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury uccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as " "Marasmus," "Old Age," "Shock," cough; Chronic etc. The contributory valvular heart discose; death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE should be stated Exactly PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT BINDS MARGIN RESERVED FOR WRITE

V. S. No. 1

PLACE OF DEATH	15821 STATE OF MARYLAND
County JAMANIS	CERTIFICATE OF DEATH
A SA	(31) Registration Dist. No. 9 282
Village or City Lenoerolom. 2FULL NAME Hasy Visquis	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH.
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED MAINT OF WIDOWED (Write the word)	16 DATE OF DEATH May 2 8, 1988
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1980 to 1980. That I last saw bly alive on 1990.
	and that death occurred on the date stated above, at //-3,00m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) via mos de
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) (Duration) da,
FATHER Of FATHER (State or country) (State or country)	*State the Lisease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) Many COMA	LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds, State yrs mos de.
(Informant)	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Address) Lensadon (Address) Filed Mee N 1930 Causles Registrar	19 PLACE OF BURIAL OR REMOVAL Lady 2 2 19 2 20 UNDERTAKER Lady 2 2 19 2 20 UNDERTAKER Lady 2 2 19 2
If more blanks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocguged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Civil engineer, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs. For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "E.haustion," "Heart failure," "Haemorinage, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	14238 STATE OF MARYLAND
County Hary	CERTIFICATE OF DEATH
11 00	Registration Dist. No. 282
Village or City Hough to Con Land	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH JS , 1990 (Month) (Day) (Year)
6 DATE OF BIRTH 20 23 , 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1980 to 1980 that I last saw houselive on NOV 1980
7 AGE If LESS than 1 day 2 hrs. mos. ds. or min.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Address) M. D. *State the Pisease Cansing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER from Marie Stevens 13 BIRTHPLACE OF MOTHER (State of Country) Harya Co Ha	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
(Informant Leon Marie devene	If not at place of dea.h?
(Address) Holly wood Ma	Police Church Mor 24, 130
If more blanks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Fublic Health Association.)

. ployed, as At school, or At home. Care should be taken whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. tion applies to each and every person, irrespective of report specifically the occupations of persons Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (6) Stationary fireman, etc. But in many Automobile factory. The (6) materia Grocery; en-

Statement of Cause of Death—Name, first, the Discase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meninatis"); Dialtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

grarbelic acid-probably suicide. The nature of the injury, "tctanus) may be stated under the head of "contributory." *(secondary or accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY resulting from childbirth or miscarriage as cough; intercurrent) affection need Chronic " "Old Age, " "Shock," etc. The valvular heart Nomenclature of the contributory not be disease;

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the distails essential and must be obtained before the certificate is cermanently filed.

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1951

	PLACE OF DEATH	04593 STATE OF MARYLAND
	a / 1/ MALLIA	CERTIFICATE OF DEATH
	County	Registration Dist. No. 2
	Village or City Lorensalanus 2FULL NAME Suferior	St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
A	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, OR OIVORCEO (Write the word)	16 OATE OF DEATH (Month) (Day) , 19230 (Month) (Day) (Year) 17 // MEREBY GERTIFY, That I standed the deceased from
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw handive on a fine 4, 192 50
100	7 AGE If LESS than I day brs.	and that death occurred on the date stated above, at
0	yrs. mos. ds. or 9 min.	10
000	B OCCUPATION (a) Trade, profession or particular kind of work	Tellealus Buch
	(b) General nature of industry	
Idi	business, or establishment in which employed or (employer)	(Duration)yrs mos ds.
nodu	9 BIRTHPLACE (State or country)	Contributory Secondary (Destion) yrs
Very	10 NAME OF FATHER PERSON Norms	(Signed) Mall (I Allallan)
202 13	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
Z .	of MOTHER MAJER CLOSE	E LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OCCO	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs description descript
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
nent	(Informant)/llayer / lows,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
statem	(Address) Ally III J	Appendix 4, 4, 1950
Ø	15 Filed 4 4 19230 Caesales Registrat	Leurs Bromoloriadh
	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b the Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compasitor, Architect, Locomotive engineer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Caok, ployed, as At schaal, or At home. Care should be taken household only (not paid Hausekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. report specifically the occupations of persons en-Foreman, (b) Autamobile factory. The material For many occupations a single word or term on Farm laborer, Labareryrs). For persons who have no occupation At Home, and children, without more precise specification as Day who are engaged in the dutics of the If the occupation has been changed -Caul mine, etc. not gainfully em-(b) Grocery Wom-

Statement of Cause of Death—Name, first, the disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL perilanilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis af lungs, mendiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumania (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping caugh; (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." carbalic acid-probably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Paisoned by or as prabably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drawning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease etc. valmular heart disease; The contributory Always qualify all Measles;

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vii	lage or City Cansons (No.
VIII	lage or City (110.
/	
_	2FULL NAME Agnes VII gir
	PERSONAL AND STATISTICAL PARTICULARS
3 5	emale Colored (Write the word)
8 0	DATE OF BIRTH
	Lug 10, 1901
	(Month) (Day) (Year
7 A	GE [If LESS th
	49 9 9 1 day h
	Jyrs. J mos. Y ds. or min
p	a) Trade, profession or articular kind of work housemist.
PON	a) Trade, profession or
PON	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
9 E	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF
PON	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER A A A A A A A A A A A A A
PARENTS	a) Trade, profession or articular kind of work D) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MAINE OF MOTHER (State or country) 17 MAINE OF MOTHER (State or country)
PARENTS	a) Trade, profession or articular kind of work D) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 MOTHER 17 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER
PARENTS	a) Trade, profession or articular kind of work D) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MAINE OF MOTHER (State or country) 17 MAINE OF MOTHER (State or country)

05822 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in stead of street MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) nd that death occurred on the date stated above, he CAUSE OF DEATH Contributory Secondary (Duration) the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) t place State. Where was disesse contracted. not at place of dea.h? ormer or DATE OF BURIAL OR REMOVAL ADDRESS

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Censure d'Amrican Fublic Health Associa (n.)

additional line is provided for the litter statement; it should be used only in free example (a) Civil cupation is very important, to the relative health-fulness of various pursuits can be known. The quesdefinite salary, may be cut of as House's, House-work, or i House and children, not sainfully em-ployed as At a control of the Core hould be taken laborer, (a) Foreman, b. A demotile Justony. The material worked on may form part of the second statement. Never return "Lab rer," "Foreman," "Manager," "Deal-Spinn r. (b) Catton will; (a Selembre nature of the busines or indictry, and therefore an sary to know (a the line of work and also (b) the cases, especially in in he trial employments, it is necesthe first line will be will be will be a first or Planter, tion applies to each Statement of Occuration Pure statement of ocstate or upation a line of the li retired from or given up on a reduction of the DEEVA & CAULING DEATH, gaged in domestic household only to the House who receive a er," etc. Physici n. Whatever, write None busines. that fact may be mileded the ; Farmer re-to report specifically the companion of persons ennginer, opiles to e.c. and every wrson, irrespective of or many security on a surgle word or term on home, who is applied in the duties of the Farm labor Labor -Cal no, etc. Womwithout more provide apositiation as Company o. Station on et. But in many i'm no and who have to occupation service for . r ., a. . 'cr: mt, Cook, 1.) Grocery, engineer, Day

Statement of the Name of the Part of the property of the second control of the same accepted term for the second control of the second control of the second control of the second of th

American Medical Association. approved by Committee on Nomenclature inges. "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. accident; Revolver wound of head-homicide; Paisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthonia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite; Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis. carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of "Tumor" FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid for malignant neoplasms); Meusles; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions and ered in detail, it will prevent further correspondence. All the data is e-rential and must be obtained before the certificate is permanently filed.

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ed. Exact	PLACE OF DEATH County St Marys	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 287
EXACTLY iy classifi ificate.	Village or City Park Hall (No	St: Ward) (If death occurred a hospital or institution, give its NAME is stead of street as number.)
cper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be straight be prack of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Violowed White OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 19 , 1980
CE shoul	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hem alive on
ms so t	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 71/5 A
efuily sup n plain ter tant. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Lyrs mos
EATH I	9 BIRTHPLACE (State or country) Maryland	Contributory Contr
Dould GF D	10 NAME OF FATHER Lem Ports (1) BIRTHPLACE	(Signed) JBca M. Jept 20 1980 (Address) mot will my
CAUSE TION	OF FATHER (State or country) 12 MAIDEN NAME	*State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
state CCUPA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State of Constant)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds.
houid nt of O	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at piace of dea.h? Former or usual residence
Every ite CIANS si statemen	(Informant) faterat North	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DENT 24, 193
I. BE. C.	15 Filed lept 20 1980 Asen hot Rogistras	20 UN DERTAKER ADDRESS Dameron ku

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., William laborer, Laborersary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrsj. state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housenfittd, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furnar Capital 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Puysician, the first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons envner, (b) Cotton mill; (a) Salesman. (b) Grocery; Forenun, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many -Coul mine, etc. Wom-

s; inal meningitis"; Diphtheria avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia") ferm the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrosping to time and causation, using always the same accent Statement of Cause of Death-Name, first, the Dis CATSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

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wered in detail, it will prevent further correspondence. is essential and must be obtained before the certificate is

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data

permanently filed.

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERFERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (c.g., sepsis, State cause for which surgical operation was under-Chronic Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Recommendations on statement of cause of It this certificate is looked over thoroughly and a l qu stions Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease; Measles;

STATE OF MARYLAND

County St Menys	© CERTIFICATE OF DEATH
Village or City Domeson (No	St: Ward) St: Ward) St: St: Ward) Mard: Mard: St: Ward) Mard: St: Stead of instrect an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 4 , 1930 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	1970. to 24, 1930 that I last saw han alive on 22, 1970
7 AGE If LESS than I day hrs. mos. ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	Chronic Valvalan Heart Diseas
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Many land	Contributory Secondary (Duration) ,yrs
10 NAME OF FATHER FLANK Stone	(Signed) AR M. D.
OF FATHER (State or country) Wangland	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLAGE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Frank Korris	Former or usual residence
(Address) Dameron Ind	It Nicholas Cometing June 26. 1930
Filed June 25 1920 Agen han Registras	Ernest Robinson Dameron had

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. MARGIN RESERVED FOR BINDI WITH UNFADING INK-THIS IS WRITE

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PLACE OF DEATH

S. No. 1 0

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(Approved by U. S. Census and American Public Health Association.)

should he used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclired 6 .yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g: ged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on without more precise specification as Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile foctory. The material -Coul mine, etc. Wom-As examples: (a) 6 Grocery, Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> "Iraemia," "Weakness," etc., when a definite disease stated unless important. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not reuse of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi Chronic valvular heart disease; "Senile," etc.), "Drcpsy, etc. The contributory ," "Convulsions, death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. ORD PERMANENT BINDI FOR K IS WITH UNFADING INK--THIS MARGIN RESERVED P WRITE

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PLACE OF DEATH, County St Marys	STATE OF MARYLAND CERTIFICATE OF DEATH
0 10.11	Registration Dist. No.287
Village or City Great Mills (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Male White (Write the word)	16 DATE OF DEATH March 3, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH May /2 , 1928 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 3, 1930. to March 3, 1930. that I last saw ham alive on March 3, 1930.
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at 27 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Chloro form anotheria Phimosis reaguiring ceremousion Centy De
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER Dimen of Norris	(Signed). Of Sea M. D. March 3.1970 (Address) Great Mills Md
OF FATHER (State or country) 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Violes - a Bean 13 BIRTHPLACE OF MOTHER (State or Country) Marsland	At place of death yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Freat hells med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May Have Cemetry May H., 1930. 20 UNDERTAKER ADDRESS
Filed March 3 1970 Place M.D. Focal Registras	umc mittingly Leonardtown
If more blanks are needed, address tate Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired: 6. yrs); state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. I caborer, Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the husiness or industry, and therefore an Civil engineer, tle first line will be sufficient, e.g., Farmer or Planter tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia "("Pneumonia,")

(Recommendations on statement of cause of death approved telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease (secondary Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature or intercurrent) affection need not be Chronic valvular heart disease; and consequences (e g., sepsis, etc. The contributory Measles ;

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County Village or City A certificate PERSONAL AND STATISTICAL PARTICULARS of 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED back OR DIVORCED (Write the word) 6 DATE OF BIRTH instruction (Moath) (Day) 7 AGE OCCUPATION Φ (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in importa which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 5 OF FATHER RENT 00 2 (State or country) 0 12 MAIDEN NAME 4 OF MOTHER SC 13 BIRTHPLACE OF MOTHER Ö (State or Country) 00 of 14 THE ABOVE IS TRUE TO Every item CIANS sho statement (Informant) (Address 15 Filed

PLACE OF DEATH

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If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME ir stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) HEREBY CERTIFY, That I attended the degrased from IIfLESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary (Signed) (Address) *State the lis ase Causing Death, or, in deaths from Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-, ients or Recent Residents) At place la the State. of death ... Where was disesse contracted, if not at place of dea.h?.. Former or usual residence ... 19 PLACE OF BURIAL OR REMOVAL

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The But in many (b) material Grocery;

Statement of Cause of Death—Name, first, the bise EAL CAUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "('E:haustion,') "(Heart failure, Hammer, "Shock,") "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smeide. The n.ture of the injury and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory affection need not be etc., of

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STATE OF MARYLAND

PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 (if death occurred Ima hospital or institu-Ward) tion, give its NAME it stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE SINGLE. 16 DATE OF DEATH MARRIED.Ma WIDOWED. OR DIVORCED (Write the word) (Month)(Day) 17 I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF 1930 (Address) .. 11 BIRTHPLACE RENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State_____yrs.____mos.___ (State or Country) Where was disease contracted, if not at place of dea.h? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER 15 **ADDRESS** Filed

If more blanks are needed, addre.s State Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, seer, Stationary fireman, etc. But in many At school, or At home. Care should be taken (b) Automobile factory. The material For persons who have no occupation single word or term on 6 Grocery,

Strtement of Cause of Death—Name, first, the DISEAL (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitie"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; "E:haustion," "Heart ranney," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"Uraemia, Whooping cough; Recommendations on statement of cause of Inanition," "Marasum,
Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is loss definite; avoid interstitial nephritis, or intercurrent) affection need not be "Congenital," "Scnile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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1	12684 STATE OF MARYLAND
PLACE OF DEATH	CERTIFICATE OF DEATH
County Maley	282
Village or City M. Loused from 2FULL NAME Willeau	St.: Ward) St.: Ward) (If death occurred in a hospitul er institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWER OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH () 1928 ((Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, Charles the transfer on
hukeion	that I last saw h & affiliand 10 / 8 , 192 - 6
(Month) (Day) (Year)	and that death occurred en the date stated above, atm.
I dayhrs.	The CAUSE OF DEATH * was as follows:
de occupation de or min,?	Downs dead. Trabable
(a) Trade, profession or particular kind of work	Nearl drsease /
(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mosds.
10 NAME OF GENEROLD	(Signed) Traul U. Carralan
of FATHER (State or country) Wekenon	*State the Disease Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether
of MOTHER Ulukurn	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Mulcurum	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant Low C. Meacerings	usual residence
(Address) Loceaea Hon	My Lody; Chapel 10/9. 1028
15 Filed 10/4 192 30 Completing Registrar	Will Malley Linearalors
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very im ortant, so that the relative health. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," et .. without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever the only definite synonym is "Epidemic cerebrospin: Inneningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart" "Old Age, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature discuse;

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Eyery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. BINDIN PERWA. × MARGIN RESERVED FOR INLY, WITH UNFADING INK-THIS WRITE P

V. S. No. 1

N.

PLACE OF DEATH	08281 STATE OF MARYLAND
County At Manage	GOTO CERTIFICATE OF DEATH
Village or City California (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemel 4 COLOR OR RACE SINGLE, MARRIED, Light WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 7, 1920 (Month) (Day) (Year)
Sept (Day) (Year)	that I last saw han alive on July 4, 1920.
7 AGE 9 yrs. 9 mos. 28 ds. or min.?	The state of the s
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion)
9 BIRTHPLACE (State or country) Manys Country, Md. 10 NAME OF FATHER)	Contributory Secondary (Duration) Tree Mos. M. C. (Signed) M. C.
S) 11 BIRTHPLACE OF FATHER (State or country) M 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Manyland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
(Informant) J. B. Stallman (Address) California Ind	Is place of Burial OR REMOVAL July 2 , 1270
15 () 1 21.2 22	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

equation is very important, so that the relative healther," etc., without more previous and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocg ged in domestic service for wages, as Servant, Cook, househaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. tired 6. yrs. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, ; (b) Automobile factory. The material For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEA TOTALING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Corebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved (Recommendations on statement of cause of earbolic acid - probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HONIGIDAL, or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscurriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "E:haustion," (secondary Whooping (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature cough; or intercurrent) affection need not be "Heart failure," "IIaemorrhage, Chronic valvular heart disease; etc. The contributory Measles , death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

S. No. 1

0

PLACE OF DEATH County Howard	14048 STATE OF MARYLAND CERTIFICATE OF DEATH
The state of the s	Registration Dist. No. 2 PC
Village or City Weeks (No.	
2FULL NAME Sarah Burd	St: Ward) (If deeth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 9. to Pro. , 193 0.
7 AGE If LESS than I day hrs. 1 day hrs. or min.	and that death occurred on the date stated above, at 310 Pm. The CAUSE OF DEATH * was as follows:
a) Trade, profession or // articular kind of work // a comparticular kind of work // a compart // (b) General nature of industry	uluu
business, or establishment in which employed or (employer)	(Duration) 2 yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) (O yrs. mos. ds.
10 NAME OF FATHER albert Bruch	(Signed) M. D. Palerin M. D.
OF FATHER (State or country) 12 MAIDEN NAME)	*State the I larase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jarah Cay und	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) N. Palum	usual res.dence
(Address) Usem we	all four terre 11-11- 1930
Filed 11- 5- 1920 NV Palcew Registra	20 UNDERTAKER ADDRESS Chaptisous
If more blenks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Colton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to c.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enworked on may form part of the second statement. Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospiral fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "E haustion," "Heart lanure, "Shock," "Shock," "Old Age," "Shock," "home Jaffnite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E haustion," "Heart failure," "Haemorrhage, st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suncide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Com2," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmanently filed.

V. S. No. 1

10

	OF DEATH	08282 STATE OF MARYLAND				
County	it many.	CERTIFICATE OF DEATH				
County		(129)				
		Registration Dist. No.				
Village or City	Oakley (No.	St.: Ward) (If death occurred in				
Village or City		St.: Ward) a hospital or institu-				
	Eline I I Sh	stead of street and				
2FUI	LL NAME Olizabeth of	enon Jarker number.)				
PERSON	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3 SEX	4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH July 30th 1930				
Trem	Colored OR DIVORCED (Write the word)	July (Month) 29 (Day) (Year)				
6 DATE OF BIR	rth .	17 I HEREBY CERTIFY, That I attended the deceased from				
	Theb 28th 18	85 July 30 1930 . to gree 30 , 1930.				
		1 25 1132				
7 AGE	IfLESS					
	115- 2 1 day	hrs. The CAUSE OF DEATH * was as follows:				
	45 yrs. 5 mos. 2 ds. or	min.?				
(a) Trade, pr	ofession of	Cerebral Hemowhage				
Darticular kin	d of work					
	ature of industry	Joseph				
	establishment in	(Duration) yrs				
which employ	red or (employer)	Contributory Brights disease				
9 BIRTHPLACE (State or con	untry) 2	Secondary				
	11600	(Duration)moeds,				
10 NAME O	the OD -	(Signed) Walter B. Dent M. D.				
FATHER	Mm Shellon	7-30-1980 (Address) Cateley mal				
o 11 BIRTHPL						
C (State of	r country)	Violent Causes, atate (1) Means of Injury and (2) Whether				
M 12 MAIDEN	INAME - //-	Accidental, Suicidal or Homicidal.				
OF MOTE	17 11 16 01	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-				
13 BIRTHPI		At place In the				
OF MOTH	r country)	of death yrs				
14 THE ABOVE	IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?				
		Former or				
(Informant	John Parker	usual residence				
	ress) Carley mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL				
(Add	ress) Warrey 170					
M - / 20 LINDERTAKER ADDRESS						
Filed 7-30-1930 76, ViD alun al. Welch Chaption In						
	Registr					
If more blanks are needed, addre a Ltate Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.						

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in dome-tic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, Or. For many occupations a single word or term on yrs . Farm leborer. Laborer-At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coul mine, etc. not gainfully em-Grocery; Wom-

Streement of Cause of Death—Name, first, the DISEA: ALLING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopmeumonia ("Pneumonia,"

as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," elc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic Committee on etc. The contributory valvular Nomenclature Always qualify all heart disease; not be

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S. No. 1

Exact

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 28

(If death occurred in a hospital or institu-tion, give Its NAME in Ward)

stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	Oct	5	A.	1930			
	(Month)	(E	6/	(Year)			
I HEREBY CERT	TIFY, That I	attende	d the duc	ased from			
Chart 1	92 to L	VI	011	1936			
at I last law h alive	on Az	esto	2/1	198.4			
d that death occurred on the date stated above, at							
ne CAUSE OF DEATH * was as follows:							
	1:11	-1	1-1	11/1			
Repronie	selfer	cher/	Bules	telect			
				/			
	(Durstion)	g yro	mo	ede.			
Contributory							
Secondary	2. (Duration)		1	,			
(,, (),)		- 1	10.				
(A T) 7 7 13 \	sem			, M. D.			
19 (17 1950) (Add	dress)	worl l	nul	OWER			
*State the Disease Violent Causes, state (1 Accidental, Suicidal or Hom) Means of	ath, or, Injury	in death and (2)	Whether			
LENGTH OF RESIDEN		ospitals,	Institutio	ne, Trans-			
ients or Recent Resident		the					
deathyrsmos		State	yrs	mosds,			
here was disease contracted, not at place of dea.h?		**************					
ormer or usl residence	*******		*****************				
PLACE OF BURIAL OR	REMOVAL		ATE OF	BURIAL			
Jacred Hart &	amela	spm !	11/6	J 1930			

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. M. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs. state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEAS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease, Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data-ris essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 28 ctassifi (If death occurred inWard) certificate a hospital or Institu-tion, give its NAME is stead of street and ²FULL NAME number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH po back WIDOWEDLA OR DIVORCED (Write the word) should DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that UJ See instruction (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at philed INK--THIS I day hrs. The CAUSE OF DEATH * was as follows: n terms or min.? B OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in UNFADING 2 which employed or (employer) a I Contributory 9 BIRTHPLACE Secondery (State or country) (Duration) 10 NAME OF 0 11 BIRTHPLACE (Address) OF FATHER RENT SO *State the Disease Causing Death, or, in deaths from (State or country) CAU 3 Violent Causes, atate (1) Means of Injury Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For 90 Hospitels, Institutions, Trans-0 Stote ients or Recent Residents) 13 BIRTHPLACE OF MOTHER At plane In the of deathyrs......mos..... State.....yrs.....mos.... (State or Country ō Q Where was disesse contracted. shoul statement of it not at place of dea h? Former or usual res.dence Every it PLACE OF BURIAL OR REMOVAL DATE OF BURIAN 20 UNDERTAKER ADDRESS Registral If more blanks are needed, address thate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ED

RESERV

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken sary to know (a) the kind of work and also (b) the whatever, write None. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic affection need not be etc. The contributory valvular heart Nomenclature of the disease;

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WRITE

V. S. No. 1

0	D	Y, PHYSI-	ed. Exact
	CORD	ACE should be stated EXACTLY, PHYSI-	ctions on hook of contificate
5.4	S A PERMANENT CORD	be state	y ne prope
OR BINDING	A PERM	E should	at it may
8	6	AC	1

	County St. Marys
Vi	llage or City Compton (No
	2FULL NAME Estelle Payne
-	PERSONAL AND STATISTICAL PARTICULARS
3 :	F. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. Married OR DIVORCED (Write the word)
6	DATE OF BIRTH
	Sept. 27 1 906 (Month) (Day) (Year)
7 /	If LESS than l day hrs. 20 ds. or min.
()	a) Trade, profession or articular kind of work Housewife
P	b) General nature of industry usiness, or establishment in rhich employed or (employer)
, A	usiness, or establishment in
, A	usiness, or establishment in which employed or (employer)
SLN	usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER Daniel Guy 11 BIRTHPLACE OF FATHER (State or country) Md.
9 1	usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER Daniel Guy 11 BIRTHPLACE OF FATHER
ARENTS 6	usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER Daniel Guy 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME
PARENTS	usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER Daniel Guy 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Catherine Graves 13 BIRTHPLACE OF MOTHER
PARENTS	usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER Daniel Guy 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Catherine Graves 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)

STATE OF	MARY	LAND
CERTIFICATE	OF	DEATH
		202

08284

Registration	Dist. No. 282
St.:Ward	(If death occurred in a hospital or institu- tion, give its NAME li- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH July 17	, 19 30
(Month)	(Day)(Year)
17 I HEREBY CERTIFY, That I at	
	y 17 , 13 O
that I last saw h eralive on July	17 , 19230,
and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	d above, atm,
Pulmonary Tubercu	losis
Contributory Sbeendary	yrsds,
(Signed) raul a (Dur Co)	
192(Address)Leo	nardtown, Md.
*State the Discase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from ajury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
At place in the	teds,
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Aloysius Cemete	ry July 18-30
20 UNDERTAKER	ADDRESS
Wm. C. Mattingly	Leonardtown,

If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto,, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, etc. The use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Committee on Chronic valvular heart disease; Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and dust the obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. eperty classifie Village or City (If death occurred im Ward) a hospital or institu-tion, give its NAME is stead of street and 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH OT. 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED eq WIDOWED. back OR DIVORCEO onid may (Write the word) (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH no structions that (Month) /2 (Day) 7 AGE If LESS than and that death occurred on the date stated above, nt I day hrs. The CAUSE OF DEATH * was as follows: em. upplied mos. ds. or min.? B OCCUPATION te (a) Trade, profession or 0 particular kind of work pla (b) General nature of industry business, or establishment in ...(Duration) ___ which employed or (employer) cdu Contributory I 9 BIRTHPLACE Secondary (State or country) 4 DI च ध 10 NAME OF FATHER 20 (Address) 11 BIRTHPLACE S 00 121 OF FATHER HON *State the lisase Causing Death, or, in RENT Lo (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME O 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER inform 00 ients or Recent Residents) CCU 13 BIRTHPLACE In the At place 3 OF MOTHER of deathyrs.......ds. State ... should ent of OC (State or Country) Where was disease contracted. of if not at place of doa h?. Every Item CIANS sho tem Former or usual residence. DATE OF BURIAL If more banks are needed, addre state Kegistrar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

CORD

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Playsician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia, ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicidc. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart discase; etc. The contributory not be etc., of

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V. S. No. 1

N. B.--

•	
PLACE OF DEATH	STATE OF MARYLAND
10 /2 /	0.3720
County	CERTIFICATE OF DEATH
	(9) Private No. N 222
March 4	Registration Dist. No.
Village or City for and No.	St. Wand) (If death occurred in
	vara) a hospital or institu-
	tion, give its NAME it- stead of street and
2FULL NAME CONSENS X.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	
MARRIED,	16 DATE OF DEATH
Ger la WIDOWED. OR DIVORCED	195
Male Johel OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
al 1 00	(Heli-in) \ \text{Ven all M}
494 X2, 1912	1936). to 1936,
(Month) (Day) (Year)	that I last saw h alive on Missel 137, 192
7 AGE If LESS than	9 43
II DOOD tildii	and that death occurred on the date stated above, at
18 1 day hrs.	The CAUSE OF DEATH * was as follows:
yrs. omos. 2 ds. or min.?	
8 OCCUPATION (a) Trade, profession or	Culmonard Jules Luliser
(a) I rade, profession or	and the same of th
particular kind of work	
particular kind of work (b) General nature of industry	
particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs, mos ds,
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds, Contributory Secondary
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary Secondary Deration) To mos
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Howard Country	Contributory Secondary
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If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL. OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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BINDING FOR RESERVED MARGIN

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Etatement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia."

symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; myes, peritonasum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculoris of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on bead of "contributory." and qualify as accidental, suicidal, or homicidal, or "Puenperal septicaemia." "Puerpenal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably sulcide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under "Uraemia," "Weakness," etc., when a definite discase -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" Always qualify all (second-(mcrely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. do
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......Ward) St.:

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. <¢ WITH UNFADING INK--THIS WRITE

FOR

MARGIN RESERVED

	2FUL	L NAME	Suff	m.		ince!
	PERSON	IAL AND	STATISTI	CAL PA	RTICL	JLARS
3 5	m	A COLOR	or race	MARRI WIDOV OR DIV (Write t	ED.	5
6 C	DATE OF BIR	тн	0			
			Jan.		9	1930
		**************	(Month)	(Day)	(Year)
7 A	GE					If LESS than
(a) (b)	occupation a) Trade, pro articular kind b) General na usiness, or es which employe	d of work ature of inc stablishmen	dustry	nos.	ds	I dayhrs
(a) (b) (b) w	a) Trade, pro articular kind b) General na usiness, or es	ofession or d of work sture of in- etablishmen ed or (empl	dustry	nos	ds	1
(i) p: (b) b: w	a) Trade, pro articular kind b) General na usiness, or es which employed BIRTHPLACE	ofession or d of work ature of ine stablishmen ed or (empl	dustry	Price		1
) (i) (i) w	a) Trade, pro articular kind b) General na usiness, or es which employed BIRTHPLACE (State or cou	ofession or d of work hture of incitablishmen ed or (empl intry)	dustry	a) `		1
ARENTS M d d d d	a) Trade, pro articular kind b) General na usiness, or es which employed (State or could so NAME OF FATHER	ofession or d of work ature of ine tablishmen ed or (empl intry)	dustry	a) `		1
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PARENTS & A	a) Trade, proarticular kind b) General na usiness, or es which employe BIRTHPLACE (State or cou 10 NAME OF FATHER 11 BIRTHPL OF FATHI (State or 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH	ofession or dof work attree of instablishmen ed or (employmentry) F ACE COUNTRY) NAME ER COUNTRY)	dustry et in ooyer) Mode Mod	Price Ud Ish	i	ormin.i

PLACE OF DEATH

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Jan. 8 , 1930
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
192, to
that I last saw halive on, 192,
and that death occurred on the date stated above, atm.
The CAUSE OF DEATH * was as follows:
Stillbuth
(Duration)yrs, mosds,
Contributory Secondary (Signed) (Address) (Address) (Address) (Signed) (Signed)
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs mos ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL M. 9 , 1930
20 UNDERTAKER Momal - Valley del -

V. 8. No. 1

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(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the en at home, Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. person, irrespective of (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic Example: Measles (disease shopnoumonia (secondary) valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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No. 1		
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PLACE OF DEATH	06978 STATE OF MARYLAND
County & Mary	CERTIFICATE OF DEATH
06.00	(57) Registration Dist. No. 287
Village or City Larovertle (No.	St: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Agric Marie	Ustel a nospital of institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Pringle WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Moeth). (Day). (Year)
B DATE OF BIRTH HOY MIKNOM, 1920	HEREBY CERTIFY, That I attended the deceased from 1980. to 1920.
(Month) (Day) (Year)	that I last snw hed alive on June 1920
7 AGE	
5 yrs. 6 mos. 4 ds. or min	
8 OCCUPATION	- John State Control of the St
Ta) Trade, profession or particular kind of work	
(b) General nature of industry	a.
Dusiness, or establishment in which employed or (employer)	(Durstion) yrs. Z mos ds.
9 BIRTHPLACE (State or country) Phanys Co Hal	Contributory Secondary
10 NAME OF FATHER PARE PRICE	(Signed) John M. D.
10 11 BIRTHPLACE	Jan J 1990 (Address) Leus andlown
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the I-isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
of MOTHER Lentha Fordon	
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
13 BIRTHPLACE OF MOTHER (State or country) A Harys Co Hole	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrs
13 BIRTHPLACE OF MOTHER (State or country) A Harys Co Hole	ients or Recent Residents) At place of death yrs described by the state yrs described by the
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE-TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of deathyrs
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE-TO THE BEST OF MY KNOWLEDGE (Informant)	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known." The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housenaid, etc. If the occupation has been changed wprk, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician. Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer cfinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material sugmeer, For many occupations a single word or term on yrs . without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the Disease it vusing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diobilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart Issuure, "Shock," "Shock," "Old Age," "Shock, (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid Americau Medical Association.) Examples: Accidental drowning; Struck by railsay train unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinomu, Sarcoma, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) cough; Chronic valvular heart discase etc. The contributory affection need not etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	15313 STATE OF MARYLAND
County St. Mary & Co.	CERTIFICATE OF DEATH
	Registration Dist. No. 213
Bell Crack That	At death accurred in
Village or City Nudd's Cless (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Jurney	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Married	16 DATE OF DEATH
Malo WIDOWED, OR DIVORCED	, 192
(Write the word)	Jelentel (Month) // (Day) / 50 (Year)
6 DATE OF BIRTH	The I HEREBY CERTIFY, That I attended the deceased from The security of 1930 to William 12, 1930,
July 3, 1869	Λ.
(Month) (Day) (Year)	that I last saw h / M alive on / Jellen let 1 10 , 1982,
7 AGE [IfLESS than 1 day	and that death occurred on the date stated above, at 15.15 P.m. The CAUSE OF DEATH * was as follows:
6 % yrs. Qinos. ds. or min.?	Cerebral Demarrhage
8 OCCUPATION	
(a) Trade, profession or particular kind of work	1
(b) General nature of industry	, 7
business, or establishment in which employed or (employer)	(Duration) yrs, mos, ds,
9 BIRTHPLACE	Contributory Secondary
(State or country) Mary land	(Duration) yrs niosds.
10 NAME OF COMMENT OF	(Signed) Claysins C. Welch M. D.
FATHER Calu rice	Dec. 12 1930 (Address) Chapters Manyland
OF FATHER OF	*State the Disease Causing Death, or, in deaths from
Z (State or country) Mary Saud	Violent Causes, state (1) Mcans of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MILLION TO KARLAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country) Many land	of death yrs mos. ds. State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
D D.	Former or usual residence
(Informant) Last Price	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Budds Corele My	John Wesley Cemetary Dec 14, 1930
15 51 h//00 12 1020 N 19 Juli	20 UNDERTAKER ADDRESS
Filed//// 198// (A./ Registrar	UCWICH Chapted Mid.
If more blanks are needed, address State Registrat	. 16 W. Saratora St., Balto., Requesting V. S. No. A.

(Approved by U. S. Census and American Public Health Association.)

er," etc., will laborer, laborer, farm laborer, are state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer free or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questhe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The materia not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the bisser causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ". Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, tions, such as "Asthenia," "Anaemic" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Examples: Accidental drowning; Struck by railway traintaken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; L. stated unless important (secondary use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., oi FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, by or intercurrent) affection need not be Committee on Chronic valvular heart disease, Example: Measles (disease chopneumonia (secondary). etc. The contributory Nomenclature

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Country	LACE OF DEATH Mary's	15314	STATE OF MARYLAND CERTIFICATE OF DEATH
Cuenty		(103)	Registration Dist. No. 25/
Village or	City Drayder, Mondon	·, •••••	St.:
	FULL NAME Charity	Anreell	n hespital or insti- tion, give its NAME i stead of street a number.)
PE	RSONAL AND STATISTICAL PARTICULAR	RS MEDI	CAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	gle 16 DATE OF DEA	Dec 101 198
tema 6 DATE O	Cor DIVORCED (Write the word)	17 I HEREBY	(Month) (Day) (Year CERTIFY, That I ettended the deceased f
	Sept. 28	931	192, to
TAGE	(Month) (Day)	(Year) and that death occu	elive on
		SS than The CAUSE OF DE	
POCUPA	TION 6	min. ?	non of many
particula	e, profession or trikind of work.		
	eral nature of industry		**************************************
1 . I	or establishment in	•••••	
• BIRTHP	nployed or (employer)	Contributory	(Duration)yratnos
• BIRTHP	Inployed or (employer)	Contributory	(Duration)yrs
BIRTHP Rest	nployed or (employer)	Contributory Necendary	
Mhich en BIRTHP (Rtg) (Inployed or (employer) LAGE AND OF THER THER	Contributory Necendary (Signed) Lay Leel Dec. 18492	(Duration) Tro. Mass. M. (Address) Julley Lee
o BIRTHP (Region of Parties of Pa	INDEN NAME	Contributory Necendary (Signed) *State the I Violent Causes, Accidental, Suici	(Deration)
which en	INDEN SAILE MANE &	Contributory Necendary (Signed) *State the I Violent Causes, Accidental, Suici	(Address) Malley, Lee Disease Causing Death, or, in deaths from state (1) Means of Injury; and (2) whether dal or Homicidal.
which en BIRTHP (Region 10 NA FA 11 BI 12 MA 4 OF 13 BII OF	INDEN NAME	(Signed) State the I Violent Causes, Accidental, Suici 18 LENGTH OF RI ients, or Recent I At place of deathyrs.	(Deration)
o BIRTHP (Registration of the property of the	Independent or (employer) LAGE LAG	*State the I Violent Causes, Accidental, Suici 18 LENGTH OF RI ients, or Recent I At place of death yrs. Where was disease contif not at place of death?	(Deration), yrs
op is bill of the state of the	INDEN NAME RTHPLACE MOTHER RTHPLACE MOTHER State or country RTHPLACE MOTHER STATE STATE RTHPLACE MOTHER STATE	Contributory Necendary (Signed) State the I Violent Causes, Accidental, Suici 18 LENGTH OF RI ients, or Recent I At place of death yrs. Where was disease contif not at place of death? Former or usual residence.	(Deration)
which en BIRTHP (Region 10 NA FA 11 BI 12 MA 0F 13 BII 0F 14 THE AE	INDEN NAME RTHPLACE MOTHER RTHPLACE MOTHER State or country RTHPLACE MOTHER STATE STATE RTHPLACE MOTHER STATE	Contributory Necendary (Signed) State the I Violent Causes, Accidental, Suici 18 LENGTH OF RI ients, or Recent I At place of death yrs. Where was disease contif not at place of death? Former or usual residence.	(Deration)
which en BIRTHP (Region 10 NA FA 11 BI 12 MA OF 13 BII OF 14 THE AE (Inform	INDEN NAME RTHPLACE MOTHER RTHPLACE MOTHER State or country RTHPLACE MOTHER State or country MOVE IS TRIVE TO THE BEST OF MY KNOWLI DOWN AND THE BEST OF MY KNOWLI MOTHER STATE TO THE BEST OF MY KNOWLI MANUAL OF THE BEST O	Contributory Necendary (Signed) State the I Violent Causes, Accidental, Suici 18 LENGTH OF RI ients, or Recent I At place of death yrs. Where was disease contif not at place of death? Former or usual residence.	(Address) Means of Injury; and (2) whether dat or Homicidal. SIDENCE (For Hospitals, Institutions, Trackeridents) In the State,yrsmos

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(Approved by U. S. Census and American Public Health Association.)

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I ture of the ingety, as fracture of skull, and conse conditions, such as "Asthenia," "Anaemia" stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; uniqualified, is indefinite); Tuberculosis of lungs, menment of eause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicacmia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemor vnlsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. causing death), 29 ds.; Bronchopncumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid inges, peritonasum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS State MICANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal (Recommendations on state-(second-(disease (merely

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Ilaemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease valvular heart disease; etc. The contributory

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PLACE OF DEATH	05824 STATE OF MARYLAND
County Sh. Mary	CERTIFICATE OF DEATH Registration Dist. No. 2
Village or City M Cloud wallerm 2FULL NAME Quia Ra	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Resilve on Les 10 19230
7 AGE If LESS than dayhrs. ormin.}	and that death occured on the date stated above, atm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry usiness, or establishment in which employed or (employer)	(Duretion) yrs mos ds.
9 BIRTHPLACE (State or country) I 10 NAME OF	Contributory Secondary Puration yre
FATHER WINGER	(Signed) / MCCO M.D. M.D.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Welcury	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Stalle wood	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 5/19 19250 Cecerales Registral	104 Ca Mallery Moreaudem
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting W. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, et .. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealhousehold only etc. war laborer, arer, Farm laborer, Foreman, For many occupations a single word or term on that fact may be indicated thus; Farmer (rewithout more precise specification as Day who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The (not paid Housekeepers who receive a Laborer-Coal mine, etc. Womperson, irrespective of Locomolive As examples: (a) (b) material engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fewer (the only definite synonym is "Epidemic cerebrospinid meningitis"); Diphilheria (avoid use of "Croup");
Typhoid feer (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. retainus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "PUERPERAL septicaconia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, (Recommendations on statement of cause of death American Medical Association.) Inanition, " Wardshus, ' etc., when a definite disease Uraemia, " "Weakness," etc., when a definite disease "Atrophy," "Collapse." "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on cough; " "Marasmus," "Old Age," "Shock," Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need etc. The contributory valvular heart Nomenclature of the ," "Convulsions, not be discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A.Ithe data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUZATION is very important. See instructions on back of carificate. ORD NLY, WITH UNFADING INK-THIS IS A PERMANENT H WRITE P

MARGIN RESERVED FOR BINDIN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County & Maren	CERTIFICATE OF DEATH
	Registration Dist. No. 280
Village or City Seven Selever More mel	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male, A COLOR OR RACE SINGLE, MARRIED Married WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH 25 , 193-0
6 DATE OF BIRTH Jack (Month) (Day) (Year)	that I last saw h walive on Jan 28, 1920,
7 AGE If LESS than I day hrs. yrs. mos. 2ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Horlany of ardens,
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER DOOT /Prow	(Signed) AVICE M. D.
OF FATHER Z (State or country) Sour / Conver	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Soul Ilvou	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Sour Ilmon	At place of death
(Informant) Reserve Loy ler	if not at place of dea.h? Former or usual residence
(Address) Beochille My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jan 30, 1930
Filed Jan 28 1923 d J. O. King Registral	20 UNDERTAKER Division James Mon
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6: yrs). should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Inanition," "Marasum,
> "Traemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, earbolic acid -- probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Ezhaustion," "Heart ranney," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic Example: Measles (disease valvular heart disease, etc. The contributory not be death

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. S

		PLACE OF DEATH County At Mary's	08286 STATE OF MARYLAND CERTIFICATE OF DEATH
-		21	Registration Dist. No. 282
	Vil	llage or City of Hully furn (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
		2FULL NAME At MANAGEMENT COMMIS	number.)
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
To Work	3 5	Male- White (Whitehe word)	16 DATE OF DEATH , 1930
	6 1	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923. to 1923. that I last saw West alive on 1923.
2	7 4	(Month) (Day) (Year) AGE (IfLESS than	
3 3 5		yrs. mos. ds. or min.?	The CAUSE OF DEATH * was ns follows:
	1	a) Trade, profession or particular kind of work	levels of the fit
	b	b) General nature of industry business, or establishment in	(Duration) yrs g mos J ds.
	1	BIRTHPLACE (State or country) A Marin S. 146	Contributory Secondary (Quration) Qure mos de.
		10 NAME OF John Make Reamond	(Signed) Jelssyvell M. D.
	ENTS	OF FATHER (State or country) It Mary see ila	State the Viscase Causing Death, or, in deaths from Vislent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	PAR	OF MOTHER Jallon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
		13 BIRTHPLACE OF MOTHER (State or country) A Flance C.	At place of deathyrsmos,ds. In the Stateyrsmosds, Where was disease contracted,
1.	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
		(Informant) Lever Reserved	Former or usual residence
		(Address) Lines & True: Il.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fuly 11, 1930
)	15	Filed 7/10 1983 Caualier Registrar	Mm C. Mathusly Temandling
		If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary, may be entered as Housewije, Houseer," etc., without more previous relations, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (o) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook. work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken For many occupations a single word or term on yrs . For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohlheriu (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobor pneumoniu, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart diseose, not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) obei PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be n back WIDOWED OR DIVORCED Write the word 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that nstruction (Month) (Day) that I last saw halive on 7 AGE If LESS than and that death occurred on the date stated above, at a I day hrs. The CAUSE OF DEATH * was as follows: RESERVED OCCUPATION a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 4 (Duration) DD 10 NAME OF 0 11 BIRTHPLACE OF FATHER State the Disease Causing Death, or, in deaths from PARENT OZ Violent Causes, state (1) Means of Injury and CAU (State or country) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) should state 13 BIRTHPLACE At place of death In the OF MOTHER ____yrs......ds, Stateyrs.mos. ... Where was disease contracted, if not at place of death? Every item CIANS sho statement Former or usual residence DATE OF BURIAL 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know eases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken household only (not paid *Househeepers* who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever write None. or given up on account of the DISEASE CAUSING DEATH For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Cause of Cause of Death—Name, first, the Disease Cause Cause of Death—Name affection with respect to time and causation, using always the same accepted term for the same dise se. Examples: Corebrospinal fewer the only definite synonym is "Epidemic cerebrospinal meningitis"): Dividieria avoid use of "Croup"): Typhoid fewer never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

stated unless important. Example: Measles (disease "PUERPERAL septicuennia," "PUERPERAL perdonitis, "Deblity" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsets, telappies) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all (secondar/ Whooping cough; American Medical Association. (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need Chronic valvular .. heart discase, ete. The contributory Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the dated is essential and must be obtained before the certificate is permanently filed.

Exact STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P. Registration Dist. No. 28 (If death occurred in Ward) a hospital cr instituproperly classof certificate tion, give its NAME instead number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEAT 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH may be WIDOWED OR DIVORCED (Month) (Write the word) 1 HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) Ilf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: de. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) .. which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 0 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from EZ Violent Caus s, state (1) Means of injury and CAUS (State or country) Accidental, Suicidal or Homicidal. RE 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE In the At place of death.... OF MOTHER yrs......ds. (State or country) Where was disease contracted, Every item of CIANS should statement of if not at place of death?.. TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence .. 19 PLACE OF BURIAL OR KEMOVAL 20 UNDERTAKER

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If more blanks are needed, addross State Registrar, 16 W. Saratoga St/, Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

laborer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Physician, Compositor, Architect, Locomolive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emetc., Foreman, engineer. Stationary fireman, etc. But in many For many occupations a single word or term on Farm loborer, (b) Cotton mill; (a) Solesman. without more precise specification as Doy who are engaged in the dutics of the For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disbase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carabrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinonu, Sorcona,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemio," "PUERPERAL peritonities," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anacmia" (merely symptomcausing (secondary or intercurrent) Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Whooping approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably succide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as by Committee on cough; Chronic etc. The contributory affection need volvular Nomenclature Always qualify all " "Convulsions, heart not be discose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A 4the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

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WRITE JINLY, WITH UNFADING INKTHIS IS A PERM, FENT CORE	U	O	statement of OCCUPATION is very important. See instructions on back of certificates	1
1	N. B Every Item of information should be carefully supplied. ACE should be stated EXACT	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class		
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	PLACE OF DEATH	12687	
			STATE OF MARYLAND
	County S1 Marys	(113)	CERTIFICATE OF DEATH
			Registration Dist. No. 284
Vil	lage or City Mechanica Wille	29 1 4 mada d ahayayay oo saa saabbiyoo co saa gaga waab oo oo	St.: Ward) (If death occurred in a hospit it or institu-
	2FULL NAME Carrie Ed	ra RE	tion, give its NAME i - stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	Och 2 , 1930 (Month) (Day) (Year)
6 0	DATE OF BIRTH	17 I HEREBY	CERTIFY, That I attended the december from
	June 14, 1230	JEH 36	1980 to Bal 2 19270
	(Month) (Day) (Year)	that I last saw he	alive on 001 1 1920.
7 A	··· ZZZZ ···· ···		red on the date stated above, at
	yrs. — mos. — ds. or min.?	The CAUSE OF DEAT	TH * was as follows:
1 (2	a) Trade, profession or articular kind of work	acu	To 60 lels-
b	o) General nature of industry usiness, or establishment in		(Duration) yrs. mos ds.
Vi	High employed or (employer) HIRTHPLACE (State or country)	Contributory Secondary	malulation:
1	10 NAME OF		(Duragion) yrs, mosds.
	FATHER James Co. Kershage	(Signed)	M. D.
S	11 BIRTHPLACE	1950	(Address) the work that
F N	OF FATHER (State or country) 12 MAIDEN NAME 44	*State the Divident Causes, st Accidental, Suicidal	iscase Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether or Homicidel.
PAR	OF MOTHER Many M. 1 Indgell	18 LENGTH OF RE-	SIDENCE (For Hospitals, Institutions, Trans- sidents)
	OF MOTHER (State or country)	At place of deathyrsm	ln the State yrs. mos. ds.
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contribit not at place of dear	
	(Informant) G. Reuts el.	Former or usual residence	
	(Address) Mechacier viel	19 PLACE OF BURIA	who Chr. Od 3, 1936.
15	Filed 10/3 1920 Lenn JOelon Registrar	20 UNDERTAKER	Eling Serbon Machaniselo
=	16 mars have an analytic attention Problem	26 W Sames St. 1	Rolto Population V S No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.).

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, guged in domestic service for wages, as Nervant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus: Farmer (nd or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on Farm laborer. Laborer -- Coal mine, etc. Womyrs . without more precise specification as Day Compositor, For persons who have no occupation (6) Automobile factory. The materia Archilect, Locomoline engineer, (b) Grocery;

spinal meningitis": Diphtheria avoid use of "Croup"); Typhoid forer never report "Typhoid fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cercbrospinal EASE CAUSING DEATH the primary affection with respect Statement of Cause of Death-Name, first, the Dis pneumonia, Bronchopneumonia causation), using always the same accept-("Pneumonia, Pneumonia

> American Medical Association. approved by Committee on detains) may be stated under the head of "contributory." as fracture of skull, and consequences e.g., sepsis, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Transition," "Heart tallure, tracing "Transition," "Marasmus," "Old Age," "Uruemia," "Weakness," etc., when a defin "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinomu, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ," etc., when a definite disease valvular heart disease; etc. The contributory Nomenclature "Shock, Meastes;

permanently filed. Canswered in detail, it will prevent further correspondence Indate is essential and must be obtained before the certificate It this certificate is looked over thoroughly and all qu stions

4

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. 2 80 (If death occurred in Ward) a hospit I or institution, give its NAME i. - stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED may (Month) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) that I last saw har alive on flf LESS than and that death occurred on the date stated above, at day hrs. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) (Duration) TH Contributory imp 9 BIRTHPLACE Secondary (State or country) 4 D W . (Duration) OD (Signed) S USE OF FATHER *State the Disease Causing Death, or, in (State or country) Violent Causes, state (1) Me Accidental, Suicidal or Homicidal. Means of Injury and (2) Whether VF 12 MAIDEN NA 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-92 ients or Recent Residents) 3 13 BIRTHPLACE d sto At place OF MOTHER In the of death yrs mos, ds. State yrs mos ds. (State or country ould Where was disease contracted, if not at place of dea.h? Sh usual residence Every It DATE OF BURIAL If more branks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

ERV

RGIN

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer ireor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return". Laborer, ""Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken Physician, Compositor, Foreman, For many occupations a single word or term on Farm laborer, Luborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation apositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningicis"; Dinktheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"

Examples: Accidental drowning; Struck by milway traincarbolic ocid—probably suicide. The nature of the injury, approved by Committee on Nomenclature of the American Medical Association. (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. "PUERPERAL septicacomia," "PUERPERAL perilonitis," "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless' important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be " "Marasmus," "Old Age," "Shock," Chronic Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

15

Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of octificate. CORD INLY, WITH UNFADING INK--THIS IS A PERMANENT BINDIN MARGIN RESERVED FOR

V. S. No. 1

N. B. ..

PLACE OF DEATH County St Manys	05826 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 267
Village or City to manually (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Many 27, 1930 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE	that I last saw home alive on
75 yrs. 10 mos. 10 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER UM Parfinson 11 BIRTHPLACE OF FATHER (State or country) Manyland	(Signed)
12 MAIDEN NAME OF MOTHER Chartatie Smith 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs ds. ds.
(Informant) Jenes C. Rolinson	Where was disease contracted, if not at place of dea.h? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Removal Augustan Augus
Filed May 25 190 PHSe Man Registrar If more b.anks are needed, address tate Keglstrar	Thomas Herris Jacocsvillet, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William ... Laborer -Spinner, fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness; that fact may be indicated thus; Farmer (reg. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Plunter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Howemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, or For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEA: I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tctanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart Mure,
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic affection need not be etc. The contributory valvular heart discase;

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V. S. No. 1

PLACE OF DEATH	03260 STATE OF MARYLAND
County Mary &	CERTIFICATE OF DEATH
County	081
0,000	Registration Dist. No.
Village or City /all tomberso.	St: Ward) (If death occurred in a hospital or institu-
1/	tion, give its NAME is -
2 FULL NAME Stilliam. 1. floc	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Married.	16 DATE OF DEATH
WIDOWED. OR DIVORCED	1/105 /8 , 199 0
Hale Mile (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That attended the deceased from
May 22 1883	198 U. to fflas 1 198 U.
(Mopth) (Day) (Year)	that I last saw handlive on Mas 180, 190 0,
7 AGE If LESS than	and that death occurred on the date stated above, at 2-45 Am.
I day hrs.	The CAUSE OF DEATH * was as follows:
76 yrs. / mos. / 8 ds. or min.?	Would Helshrike Coursed to
a OCCUPATION (a) Trade, profession or	intestinal Stasis or obstrhetion
particular kind of work 4 always	death Ensued from Magnic
(b) General nature of industry	The state of the s
business, or establishment in which employed or (employer)	(Duration) vrs. mos da.
9 BIRTHPLACE	Contributory Secondary
(State or country) La Quinia.	(Darstion) yrs ds.
1 10 NAME CAF D AL CLO D LA	6/1/31-
FATHER MICHARD Coleman Mack	(Signed) M. D.
11 BIRTHPLACE	11/05/X 1900 (Address) Leva and Com
CState or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Ophma Hilkerson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country) Manual	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
11.11.	Former or
(lifemant) Xulum J. JOCK.	usual residence
I Market DC	19 PLAGE OF BURIAL OR REMOVAL
(Address) Vasungen U.	St. Sconges (much 11/at. 10, 1920
15 5: Mar (8:3) Hay sison Hold	20 UN DEBTAKERY ADDRESS
Filed Registral	ITY. Hallingly tensoration
If more blanks are needed, addre.s Ltate Kegistrai	r, 16 W. Saratoga St., Bulto., Kyquesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Howemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs .. without more precise specification as Day Compositor, For persons who have no occupation Architect, Locomotive engineer, The ques-

Streement of Cause of Death—Name, first, the DISEA: 5 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injumy State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be American Medical Association.) perdonaeum, etc., Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, resulting from childbirth or miscarriage as " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease Carcinoma, Sarcoma, etc., of etc. The contributory

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No. 1

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HYSI-Exact

PLACE OF DEATH	01935
Village or City Leves atoms	(U-B)
2 FULL NAME Infant Tus	sell
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h
7 AGE If LESS the l dayhrds. ords.	s. The CAUSE OF DEATH
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) of marin les mu	Contributory Secondary
10 NAME OF FATHER RESIDENCE HE KINSELL	(Sign 6) 15 1930 (
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the I is at Violent Causes, state Accidental, Suicidal or I
13 BIRTHPLACE OF MOTHER (State or Country) HANNE BO MA	At place of deathyrsmos.
(Informant) Aug All Musel	Where was disease contracte if not at place of doa.h? Former or usual residence
(Address) Congration	19 PLACE OF BURIAL O
Filed 46 1920 Occurrent	" Winde Ma

STATE OF MARYLAND ERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is-stead of street and Ward) number.) CERTIFICATE OF DEATH (Month) (Day) RTIFY, That I attended the dece on the date stated above, at was as follows:(Duration) mos se Causing Death, or, in deaths from (1) Means of Injury and (2) Whether ENCE (For Hospitals, Institutions, Iransents) In the State.....ds. .yrs.....mos.... d,

If more banks are needed, address state Kegistrar, 16 W. Saratoga St., Balto., Redaesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, greged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dividheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pncunonia, Bronchopncumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" as fracture of skull, and eonsequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as ean be ascertained as the eause. Always qualify al tions, such as "Asthenia;" "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condifor malignant neoplasms); Mcasles; Chronic valvular heart disease; etc. The contributory Nomenclature of the

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V. S. No. 1

PLACE OF DEATH	05827 STATE OF MARYLAND
County Dr. //WWY	CERTIFICATE OF DEATH
Lunedallo	Registration Dist. No 283
Village or City (No.	St.: Ward) (If death occurred in a hospital or Institution, give its NAME in-
2FULL NAME SUSW I MUSEL	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mule Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH MMY /9 , 1920
6 DATE OF BIRTH While 6 1904	17 HEREBY CERTIFY, That I attended the deceased from 1920. to 1920.
(Month) (Day) (Year)	that I tast saw halive on WM, 1920,
7 AGE (IfLESS than	and that death occurred on the date stated above, at
26 yrs. / moa, /3 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) Trade, profession or particular kind of work	A. La gularia of Lunas
(b) General nature of industry	1 May Constitution of the state
business, or establishment in	(Duration) yrs.(mos ds,
which employed or (employer)	Contributory
(State or country)	Secondary () () () ()
10 NAME OF GENGU, H. Mussell	(Signed) M. D. WWW M. M. D.
Il BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME WALLEL MAIDEN NAME OF THE	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Actidental, Sucidal or Homicidal.
of MOTHER MANY M.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
(State or country)	Where was disease contracted, if not at place of death?
(Informant) WWW A WASSELL -	Former or usual residence
(Address) / Wygangs	19 PLACE OF BURIAL OR REMOVAL MAY 21, 1920
Filed May 19 192 Registrar	Elmer h. Jank Meshamerule
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, " etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) Automobile factory. The material Laborer-Coal mine, etc. person, irrespective of (3) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, approved (Recommendations on statement of cause of State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important Examples: Aecidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemic" (merely symptomcausing death), 29 ds.; L. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by " "Marasmus," "Old Age," "Shock," or intercurrent) Committee on Nomenclature Chronic valvular heart discase; Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County H Mary's	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Diet, No. 282
Village or City Hollywood (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Married, Muloweld (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREY CERTIFY, That I attedded the deceased from 193 to 193 that I last saw here alive on 194 5 5 193
7 AGE If LESS than I day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	listral lifeflety,
9 BIRTHPLACE (State or country) A many los Ind	Contributory Secondary (Duration) yrs. mos de
10 NAME OF FATHER Staffen & Turself 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	"State the Uisease Causing Death, or, in deatha from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) MANN BO MI	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiants or Racent Residents) At place of deathyrsmosds. Stateyrsmosds
(Informant)	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Hallywood My 15 Filed 4 9 1923e Danually Registrar	20 UNDERTAKER Mallingly Somes down
If more bianks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on yrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ccidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular heart disease; not be

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HYSI-Exact

PLACE OF DEATH

County 5 + 111 eyg.	(8) CERTIF
Village or City Machensonelyo.	Regi
2 FULL NAME Still boin Infant	of Erwich by Call
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIF
A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Mo
July 25th, 1936. (Month) (Day) (Year)	that I last saw halive on
7 AGE Slice yrs. Some ds. or min.	and that death occurred on the death. The CAUSE OF DEATH * was as f
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
(b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE	(Signed)
(b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 Down Control 12 MAIDEN NAME OF MOTHER CASTALLIA 2 Control 2 Control 3 Control 4 Control 4 Control 5 Control 6 Control 6 Control 6 Control 7 Control 8 Control 8 Control 9 Control 10 NAME OF MOTHER CASTALLIA 12 Control 13 Control 14 Control 15 Control 16 Control 17 Control 18	(Signed)
(b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 MAIDEN NAME OF MOTHER (State or Country) 16 MOTHER (State or Country)	(Signed)
(b) General nature of industry business, or eatablishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	(Signed)

STATE OF MARYLAND

CATE OF DEATH

ration Dist. No. 284 (If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.) ATE OF DEATH t I attended the deceased from 192....., stated ahove, atm. deaths from (2) Whether Death, or, In of Injury and Hospitals, Institutions, Trans-In the State......ds. DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from loborer, Furn laborer, Luborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physicien, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a r," etc., For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonio, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature stated unless important. American Medical Association.) tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Meosles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant ncoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicocmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart diseose etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD AINCH, WITH UNFADING INK-THIS IS A PERMENENT MARGIN RESERVED FOR BIND WRITE S No. 1

PLACE OF DEATH	05828 STATE OF MARYLAND
County Style County	CERTIFICATE OF DEATH Registration Dist. No. 282
Village or CA/aced & Chiles _	(If death occurred in
2FULL NAME Strucy	14 dev street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED LOW, WIDOWED LOW, Write the word)	16 DATE OF DEATH MA 9 1, 192 30 (Mouth) (Mouth) (May) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw he after on they 10, 19230
7 AGE . IIf LESS than I day hrs.	and that death occurred on the date stated above, atm. The CRUSE OF DEATH * was as follows:
elle 78 yrs. mos. ds. or min.?	A A
(a) Trade, profession or	Louis alod - 1 rabal
particular kind of work (b) General nature of industry	acele alcaholesen
business, or establishment in which employed or (employer)	(Durstion)ds,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos
10 NAME OF RETHER WELKEROW	(Signed) A vacel (Calculled St.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CHERCUS	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Melkelen	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
anterior Muest Clarke	Former or usual residence
(Address) Halle with	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL STORY 1930
Filed 5/10 1923 Caecalus Registras	When Jackor Melawaille
If more blanks are needed, address Ltate Negistran	, 16 W. Saratoga St, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womknow (a) the kind of work and also (b) the without more precise specification as Day (6)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia carebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility". ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; etc. The contributory Always qualify all not be

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V S. No. 1

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	FINE	be stated
BINDI	PERMA	should t it may
FOR	IS A	A. ACE so tha
ESERVED FOR BINDING	INK-THIS IS A PERMANENT CORD	fully supplied. ACE should be stated EXACTLY, PHYSI-plain terms so that it may be properly classified. Exact

PLACE OF DEATH County of Mary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 287
Village or City Herman ville (No	St: Ward) (If death occurred in a hospital or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, Single WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Oct 6, 1929 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 5.1970. to 6.1978. that I last saw herealive on 1978.
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manyland	(Duration) Tre. mos. de. Contributory Secondary (Duration) Tre. mos. de.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) Manyland	ients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
(Address) Herman La	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tired 6 yrs. state occupation at beginning of illness; If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Doy should be used only when needed. As examples: (a) additional line is provided for the latter statement; if cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, nature of the business or industry, and therefore an report specifically the occupations of persons en-Foremon, (b) For many occupations a Form laborer, Loborermon, (b) Automobile fuctory. The imaterial For persons who have no occupation may be indicated thus; Former (resingle word or term on -Coal mine, etc.

Statement of Cause of Death—Name, first, the DISEASE CAU ING DEATH (the primary affection with respect to time a d causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feace, the only definite synonym is "Epidemic cerebross; inal meningitis". Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoncd by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state Means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, Examples: Accidental drowning; Struck by railwoy train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic " "Old Age, " "Shock," affection etc. The contributory volvular heart disease; need Meosles; not be

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporty classified. Exact statement of OCCIDATION is your improved. See identified to have a continued. WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BIND IINLY, WRITE V. S. No. 1

PLACE OF DEATH	14051 STATE OF MARYLAND
County Al Manys	CERTIFICATE OF DEATH
	Registration Dist No. 280
Village or City M. Maryolik, (No.	St: Ward) (If death occurred in a hospit I or institu-
2FULL NAME ON grame	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Arrender (Month) /6 (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
November 16, 1980	
(Month) (Day) (Year)	that I last saw halive on, 192,
If LESS than	
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	from dead -
particular kind of work	
(b) General nature of industry business, or establishment in	/D
which employed or (employer)	(Duration)yes ds.
9 BIRTHPLACE (Ntate or country)	Secondary
10 NAME OF	(Duration) yrs ds.
FATHER Laurence Claylon	(Signed) 8 8 M. D.
11 BIRTHPLACE OF FATHER (State or country) Park Hall, Md	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lorolly Reigil	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of deathyrsmosds. Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Hames Reegel	Former or usual residence
(Address) Al Marys al	St- Manys City nov 17,000
Filed Nov 17 1989) E. E. Burch	Johnne Hall Ol-Maysley
If more branks are needed, address State Registrar	, W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemum, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furmer (it or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," ctc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-Physician, Compositor, Architect, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day many occupations a single word or term on For persons who have no occupation (b) Automobile fuctory. The material Locomotive engineer, (b) Grocery,

fever (the only definite synonym is "Epidemic cerebrons; inal meningitis"); Diphtheria avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia", Lobar pneumonia, Branchopneumonia ("Pneumonia"). Statement of Cause of Death—Name, first, the DEATE CAUSING DEATH (the primary affection with respect to time and causation, using always the same acceptual ed term for the same discuss Francisco Francisco for the same disease. Examples: Cerebros and

> "(Exhaustion," "Heart tanue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJUNY Chronic valeular heart disease, etc. The contributory ," "Convulsions,

DEC BUREA grannently filed. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al questions

STATE OF MADVIAND

PLACE OF DEATH	1403.)
PEACE OF DEATH	STATE OF MARYLAND
County At Mary	CERTIFICATE OF DEATH
	700
1 1 1	Registration Dist. No. 287
Village or City New [No.	St.: Ward) (If death occurred in
	tion, give its NAME it-
2FULL NAME has the	stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
MIDOWED OR DIVORCED	april 14, 180
Male (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
an 1 16 1820	Up 14.1930. co apr 14 , 1980.
(Month) (Day) (Year)	that I last saw hamalive on
7 AGE (If LESS than	and that death occurred on the dats stated above, at
1 day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. or 10 min.?	
8 OCCUPATION	16 15 10.
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Duration) yrs, mos Ohese
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
Maryland	(Duration)
10 NAME OF FATHER	(Signed) M. D.
Hanrey Amelh	0 4 - 0 -1111
11 BIRTHPLACE OF FATHER	Agent 1920 (Address) June Moulds Use
OF FATHER (State or country) 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homieldal.
of Mother Margaret For	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER	At place in the
(State or Country) bushings of or luminian	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
	Former or
(Informant) Margare Transition	usual residence
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Home han betterd 4 (sprilly, 1930.
15 FT 1 (14 1090 RM.) Q	20 UNDERTAKER ADDRESS
Filed Up 14 1980 Progistras	Stanles Smith Reotland M

If more banks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR WITH UNFADING INK-THIS IS WRITE

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. No. 1

20 ż

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Archdect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired . 6. yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firentan, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business; that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. " etc., without more process. Coal mine, etc. Womborer, Form laborer, Loborer—Coal mine, etc. Womborer, the duties of the report specifically the occupations of persons en-Foremun, or At Home, and children, not gainfully em-For many occupations, a especially in industrial employments, it is neces-(b) Colton mill; (a) Salesman. (b) For persons who have no occupation "If the occupation has been changed Automobile factory. The materia single word or term on (6) Grocery, Doy

Streement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphiloria (avoid use of "Croup"); Typhoid fever (power report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) approved tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, eurbolic acid-probably suicide. The n. ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., C'orcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart discase; Example: Measles (disease affection need not be etc. The contributory Mcusles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE	OF DEATH		
County S	1. Marys		
illage or City	Michanics	el- (No	***************************************
²FUI	L NAME 777a	ry Pou	isa bo
PERSON	IAL AND STATIST	ICAL PARTICU	LARS
SEX	4 COLOR OR RACE	5 SINGLE. MARRIED. WIDOWED, OR DIVORCED	money 10
truck	leve	(Write the word)	
DATE OF BIR	тн		1
THE R	not Jam (Month)		, 1861 th
AGE		EDLA I A	If LESS than ar
	65 yrs. L	mosds.	or min.?
(b) General na	ofession or Some defense of industry stablishment in German or German of the defense of the defe		
DIRTURLACE	intry) St. Ings		
10 NAME O	Calvert		(5
OF FATH (State or	country) At m		1-
12 MAIDEN OF MOTH		Brown	
13 BIRTHPL OF MOTH (State or	ACE		
()	STRUE TO THE BEST	0	Fo
(Addr	css) mulo	worker.	my 6
Filed 72	le 17 19230 Le	A Doc	Registrar C

01936

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 284

St.:	Ward)	(If death a hospital tion, give it stead of	or ins	tltu-
		number.)		

MEDICAL	CERTIFICA	TE OF DEAT	•
16 DATE OF DEATH	tile	16	, 19 3 O
B = 0 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Month)	(Day)	(Year)
17 I HEREBY CI	ERTIFY, That	Lattended the	deceased from
tree s-	1920 . to	ter 16	1940,
that I last saw h			
and that death occurred	on the date s	tated above, at	5-10 pm.
The CAUSE OF DEATH			
		-,	
Para	lises		
.,,.,,	.,,	0	
		yrs. 9	
Contributory	Franci	Lum	v benign,
located on right	+ side . Or	vg.62.	
Localed on sugar	(Duration)	yts.	.,mos,ds.
(Signed) Harry	6.6h	opple	M. D.
Fel 17 19801	Address) Ho	ug hisor	in mid
*State the Diseas Violent Causes, state Accidental, Suicidal or I	se Causing I		
18 LENGTH OF RESID	ENCE (For I	lospitals, Instit	utions, Trans-
ients or Recent Reside			
At place of deathyrsmos.	ds.	In the Stateyrs	nios,ds,
Where was disease contracted if not at place of death?	ed,		
Former or usual residence		.,	0
19 PLACE OF BURIAL C	R REMOVAL	DATE	OF BURIAL
Of Josephis	Ceruly	tre 1	8 , 19 \$0.
20 UNDERTAKER	/	ADDRES	5

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on or At Home, yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6 Automobile factory. The material and children, not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. shopncumonia (secondary), Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. valvular heart disease; The contributory Always qualify all not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD EN BINDING WITH UNFADING INK--THIS IS A PERM RESERVED FOR MARGIN AINL WRITE S. No. 1

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PLACE OF DEATH	01937 STATE OF MARYLAND
County It March	CERTIFICATE OF DEATH
	Registration Dist. No. 1
Village or City (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Probert Sini	Mn number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, Married WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17/ I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hand alive on that I last saw hand alive on that I last saw hand alive on the first saw hand alive of the first saw hand alive on the first saw hand alive of the first saw hand alive
7 AGE [If LESS than	(1) 8 4 6
I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. or min.?	neppritis intestial to
B OCCUPATION (a) Trade, profession or particular kind of work	Mitsal disease of heart
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vrs. do mos. ds.
	Contributory Fronchial Knewmon
9 BIRTHPLACE (State or country) If Marys Cs Hd	Secondary (Duration) yrs de,
FATHER Robert Smith.	(Signed). I source W. M. D. M.
OF FATHER (State or country) Sharys as Mal	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Charlotte Jones.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of doa.h?
a tol OHTO. MA	Former or usual residence
(Informant) Charlotte Campbell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) OF KON M. C.G.	St Slowisis Church Sal 18. 1930
15 Filed V/8 1930 Collectelles Registral	Element Hattingly Lensardton
lf more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sheuld be used only when needed. additional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, g.:ged in domestic service for wages, as Servont, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Form loborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, arrespective of whatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive " etc., For many occupations a especially in industrial employments, it is necesyrs). that fact may be indicated thus; Former (rewithout more precise specification as Day For persons who have no occupation single word or term on As examples: (a) cngineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Coreinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature "Congenital," "Senile," etc.), "Dropsy,"
> "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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V. S. No. 1

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	ery	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly cla	etatement of OCCUPATION is very important. See Instructions on back of certificat
1	EV	Ö	Sta
	1		
	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXA		
	z		

PLACE OF DEATH County St Mary Village or City Celifornia (No. 2FULL NAME Frank Sommers	St: Ward) St: Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH \$25, 1930 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h alive the deep day, 192,
31 yrs. 11 mos. 13 ds. or min.? B DCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs de.
9 BIRTHPLACE (State or country) Many land	Secondary (Duration)yrsds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
of MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Manyland	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) La Cutchem (a. (Address) Valley Lee Mal	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
Filed Juga of 26 1920 Plant Registrar	Richard Thomas Valley her has

if more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servon!, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former or given up on account of the DISEASE GAUSING DEKTH work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on Form loborer, Lohorer-Coal mine, etc. Womman, (b) Automobile factory. The material without more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in

spinal meningitis"; Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia"): pneumonia. Bronchopneumonia

("Pneumonia,

approved by Committee on Nomenclature Americau Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease (secondary eternus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic etc. The contributory valvular heart diseose;

permanently filed. answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and al qu stions All the

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Furm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the (a) Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every Foreman, For many occupations a single word or term on yrs . mun, (b) Automobile fuctory. The material For persons who have no occupation (a) the kind of work and also (b) the person, irrespective of

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same dise se. Examples: Cerebrospanal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphthera avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumania ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinonu, Sarcona, etc., ot approved by Committee on as fracture of skull, and consequences (e.g., sepais, telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mewles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need Chronic valvudar heart discase, etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD AINLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDI WRITE

V. S. No. 1

	PLACE OF DEATH	08288 STATE OF MARYLAND
	County St. Mary	CERTIFICATE OF DEATH
	Jan Il	(1-a) Registration Dist. No. 2 5 3
	Village or City ////////////////////////////////////	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Agnes Hadelin	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Lily 22, 1930 (Nigoth) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Jul 1913	192 to Mily , 1971,
	(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, at
	/ / 9 / I dayhrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	PP D . A
3	(a) Trade, profession or	Sep Mother JESEV
	particular kind of work (b) General nature of industry	Africa
5	business, or establishment in which employed or (employer)	(Duration) yrs. mos 23 ds.
9	BIRTHPLACE	Contributory Secondary
	(State or country)	(Dulation) yrs. mos. ds.
	10 NAME DE FATHER CHAIR ADECIAL	(Signed) M. D. M. D.
	o 11 BIRTHPLACE	July 22.1927 (Address) Day augus
	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Thunk Toll	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or country)	Where was disease contracted.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Culls apeaul	usual residence
	(Address) Prachagues oule	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LULY 24, 1931.
	15 Filed July 22 1980 A. M. Smark	20 UNDERTAKER ADDRESS
	Registrar	Elmer / Janin / Michamanie
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Bartos, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely carbolic acid-probably suicide. The n ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, VILLAGO, When a definite disease "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease chopneumonia (secondary) valvular heart discase etc. The Nomenclature contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	County 9	I VI	word		
Vil	lage or City	Mich	aur	valolo	
	²FUI	LL NAME,	m	on ba	sky
	PERSON	NAL AND	STATISTIC	CAL PARTICL	JLARS
3 5	smale.	4 COLOR	OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word	5.
6 [DATE OF BIR	тн		7/-	
		***************************************	(Month)	(Dsy)	, 1.2 (Ye
7 A		yrs	/n	nos. T ds	lf LESS l dayr
p	a) Trade, pro- articular kind b) General n	d of work		Na	
р () ь	a) Trade, properticular kinds) General nausiness, or ewhich employ	d of work ature of inc stablishmen ed or (emple	lustry t in	Na	
р () ь	articular kind b) General natural business, or explicitly which employ	d of work ature of inc stablishmen red or (emple untry)	lustry t in oyer)	No P Con	lio
P STN	erticular kinds) General neusiness, or evhich employ BIRTHPLACE (State or could be state or could be s	d of work ature of inc stablishmen red or (emple untry)	lustry t in oyer)	Laus	lo
9 6	erticular kinds) General neusiness, or evhich employ BIRTHPLACE (State or could be state or could be s	ature of inc stablishment ed or (emplo untry) ACE IER r country)	lustry in in oyer)	hd.	
PARENTS	erticular kinde) General musiness, or evhich employ BRTHPLACE (State or cotton of the	d of work ature of income stablishmen wed or (employed or (employed or country) ACE IER Trecountry) I NAME HER LACE HER Country)	nel mar	nd.	Spec
PARENTS	erticular kinde) General musiness, or evhich employ BRTHPLACE (State or cotton of the	ature of incestablishment with the contract of incestablishment with the country) ACE IER r country) I NAME HER C Country) IS TRUE TO	t in oyer)	hd.	Spec

14652

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

St.: (Ward)	(If death occurred in a hospital or institu
Steam	tion, give its NAME in stead of street and number.)

	MEDICAL	GERTIFICA	TE OF	DEATH	
16 DATE	OF DEATH	nov	Z	22,	1928 6
17	I HEREBY CE		I attend	ed the dec	eased from
×	da no	192 Chall	سر	en	11/2/
	t saw hal				, 192,
and that	death occurred	on the date a	tated abo	ove, at	P. m.
The CAUS	E)OF DEATH *	was as follow	WE:		
	Fund	un 1	500	ch	
	ma	embre	Mo		
		(12)			
	000000000000000000000000000000000000000	(Duration)	У	rsm	osds
Contril			***********		N
D.C.O.	THE STATE OF THE S	(Duration)	3	/ram	osds.
(m. 1)		YV			
(Signed)		//		and the second	
	4 1923 6(1				
*Sta Violent Acciden	ate the Diseas Causes, state tal, Suicidal ur H	c Causing l (1) Mesns lomicidal.	Death, or of Injury	r, in dea , and (2)	Whether
	H OF RESID		Hospitals	, Instituti	ons, Trans
At place of death	yrsmos	ds.	In the State	yrs	.mosde
Where was	disease contracte	ed,			· · · · · · · · · · · · · · · · · · ·
Former or	ence		****		
usual reside		***************************************			
dodn't raoid	OF BURIAL O	RREMOVAL		DATE OF	BURIAL
dodn't reord	1	R REMOVAL	e. h		BURIAL 4. 19.3.4

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

7. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (re additional line is provided for the latter statement; it tion applies to each and every person, irrespective of cupation is very important, so that the relative healthguged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The materia or Al For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. AL8). without more precise specification as Day extic service. If the occupation account of the DISEASE Unation at beginning of illness. If retircal at fact may be indicated thus; Farmen relation who have no occupation who have no occupation where the DISEASE United States of the DISEASE United Home, and children, not gainfully em-(a) the kind of work and also (b) the (6) The ques-Grocery; Wom-

spinal meningitis"; Dinhtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-ed term for the same disease. Examples: Cerebrospinal EA: 3 CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DI Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> (clunus) may be stated under the head of "contributory." Recommendations on statement of cause of death stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury "Inanition," "Marasmus," "Old Age," "Shoek;" "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, eausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need Committee on Chronic valvular heart disease, etc. The contributory Nomenclature Always qualify al not be

answered in detail data is desential permanently filed. answered in detail, it will prevent further correspondence. All the data is espential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions

22

Exact PHYSI-

PLACE OF DEATH

County

06979

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred In a hospital or institution, give Its NAME it stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I ttended the deceased from
Juli (0 1920. 10) me 10 , 1970.
that I last saw here \$666618 m. Jul 30, 1923
and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
1 - 1
Sulboon
(Duration)yrsinosds.
Contributory
(Signed Naul Childle Relief D.
6/10 13, (Address Vebuala prince
*State the Disease Causing Death, or, in deaths from Violent Causea, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of deathyrsmosds, Stateyrsmosds.
Where was disease contracted, it not at place of dea h?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, addre sittate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. 1.0. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the er," etc., Without more Province and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The materia Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf whatever, write None. Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis (Recommendations on statement of cause of death st_ted unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The n-ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic valvular heart disease; Nomenclature of the The contributory " Shock, not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH In plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AINN, WITH UNFADING INK-THIS IS A PERMEN MARGIN RESERVED FOR BIND WRITE v s No. 1

PLACE OF DEATH	STATE OF MARYLAND
County FMarys	CERTIFICATE OF DEATH
11/20	Registration Dist. No. 6 282
Village or City No Cly 1500 (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME isstend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	Howards (Month) - (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 10 10 10 10 10 10 10 10 10 10 10 10 10 1
7 AGE [If LESS than	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Kneumona Bronchiaf
a) Trade, profession or articular kind of work (b) General nature of industry	
usiness, or establishment in which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE (State or country) Do Hange co Hos	Contributory Secondary (Durstion) yrs 3 mos de,
10 NAME OF FATHER PASSES ESOME TEFONS	(Signed) STM C. G. M. D.
OF FATHER (State or country) 12 MalDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lealsice Lukia Warke	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manys Co	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informate) Thailes some Sterene	Former or usual residence
(Address) Address and Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STATE OF BURIAL TON 1550
15 Filed HOY 10 1925/ Comments	Yord Parker Hollywood
If more b.anks are needed, addre.s tate Negistran	, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. A.

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife Houselaborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Manusemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to cach and every person, irrespective ci business, that fact may be indicated thus; Farmer (re-Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The For many occupations a single word or term on yrs). For persons who have no occupation materia Grocery;

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Ipphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E.haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st_ted unless important. Example: Measles (disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death elanys) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X cough; Committee on Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and a'l quations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4 1930

E. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County of Mary	CERTIFICATE OF DEATH
20 11 00	Registration Dist. No. 282
Village or City Tollyword	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
- COLL WAIVE WHILE CONTROL OF SOME	J MANY
PERSONAL AND STATISTICAL FARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Mosth) (Day) (Year)
6 DATE OF BIRTH Mac 18#, 1929	17 Jeff 12th 1980 to Jeff 12th , 1930
(Month) (Day) (Yar) 7 AGE [If LESS tha	that I last saw h alive on Helly 1976
yrs. hinos. ds. I day hr or min.	s. The CAUSE OF DEATH * was as follows:
bccupation (a) Trade, profession or	4110
Charticular kind of work	Thula memmonia
(b) General nature of industry jusiness, or establishment in	(Duration) yrs. mos d. ds.
which employed or (employer)	Contributory Pestiass
9 BIRTHPLACE (State or country)	Secondary 221
10 NAME OF	(Durstion) yrsmosT.dds.
FATHER Copy Levent Speren	(Signed) Signed M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Molent Causes, state (1) Means of Injury and (2) Whether Molent Causes, state (2) Whether Molent Causes, state (3) Means of Injury and (4) Whether Molent Causes, state (4) Means of Injury and (5) Whether Molent Causes, state (6) Means of Injury and (7) Whether Molent Causes, state (1) Means of Injury and (8) Whether Molent Causes, state (1) Means of Injury and (1) Whether Molent Causes (1) Means of Injury and (1) Whether Molent Causes (1) Means of Injury and (1) Whether Molent Causes (1) Means of Injury and (2) Whether Molent Causes (1) Means of Injury and (2) Whether Molent Causes (1) Means of Injury and (2) Whether Molent Causes (1) Means of Injury and (2) Whether Molent Causes (1) Means of Injury and (2) Whether Molent Causes (1) Means of Injury and (2) Whether Molent Causes (1) Means of Injury and (2) Whether Molent Causes (1) Means of Injury and (2) Whether Molent Causes (1) Means (1)
12 MAIDEN NAME OF MOTHER SALES PARTIES PORTER	Accidental, Suicidal or Homicidal. Accidental, Suicidal or Homicidal. Accidental, Suicidal or Homicidal. Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the State yrs mos ds.
(State or country) O7 Mary Come	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Capay Lagural Sleven	ususi residence
(Address) Hollywoof)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 9/12 1923 Coevalue	Tord Barket Hallyuns
If more banks are needed, address tate Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more processor, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-laborer, Farm laborer, the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever write None. household only (not paid Housekeepers who receive a For many occupations a single word or term on ure. For persons who have no occupation Locomotive engineer,

Strtement of Cause of Death—Name, first, the Drs. EARS (NUSING DEATH the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros binal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJULY eough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease; Nomenclature of the not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified—Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANEN BIND IS A FOR WITH UNFADING INK--THIS RESERVED MARGIN AINLY, WRITE

S No

PLACE OF DEATH	18289 STATE OF MARYLAND
County of Mary :	CERTIFICATE OF DEATH
4	Registration Dist. No. 9 282
Village or City Inparalism (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is estend of street and
2FULL NAME KNO-	Umash. number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year)
6 DATE OF BIRTH Tel unknown 1880	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hour alive on fally s , 1900,
7 AGE If LESS than 1 day hrs.	
yrs. 5 mos. ds. or min.?	Bronchial Preumonae.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in , , which employed or (employer)	(Duration) yrs. mos / de.
9 BIRTHPLACE (State or country) Shary co Mad	Contributory Secondary (Duration)
10 NAME OF John Stewart	(Signed) Brown B. M. D.
State or country) Hollyngol Hick	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Annie Jaylor	Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) John Hewast	Former or usual residence
(Address) Lineard tom	In place of Burial OR REMOVAL DATE OF BURIAL STORMS Chusch Holly out fully 11, 1980
Filed 19290 audling Registral	20 UNDERTAKER LODGESS LOS MENDAXIOS M
If more b.anks are needed, addre.s tate Negistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more pieces or laborer, Farm loborer, Loborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.
(o) Foreman, (b) Automobile foctory. The materia should be used only when needed. As examples: (0) cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Wanager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionory fremon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobor pneumonia, Bronchopaeumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acidaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Coreinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as cough; -probably suicide. The nature of the injury, Committee on Chronic etc. valvular heart disease; Nomenclature of the The contributory

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S. No.

PLACE OF DEATH County A Mary's
Village or Citally works.
2FULL NAME albert M. C
PERSONAL AND STATISTICAL PARTICULARS
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Wildowson (Write the word)
(Month) (Day) (Year)
7 AGE 16 LESS than I day hrs. or min.?
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)
9 BIRTHPLACE (State or country)
10 NAME OF Mached Hord 11 BIRTHPLACE OF FATHER OF A
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER
13 BIRTHPLACE OF MOTHER (State or County)
(Informant) Lece Though
(Informant) Alece Alog of (Address) Alegerand

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 282

St.: Ward)

06950

(If death occurred in a hospital or institution, give its NAME is stend of street and number.)

If more banks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul minc, etc. without more precise specification as Day For persons who have no occupation But in many (b) Grocery, Wom-

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> "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by (Recommendations on statement of eause of letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature of the Chronic etc. valvular heart disease; The contributory

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80

PLACE OF DEATH County As. Mary	STATE OF MARYLA CERTIFICATE OF DE Registration Dist. No. 26
Village or City & hablico (No. 2FULL NAME France & Salles	St.: Ward) (If death a hospital tion, give stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RACE 5 SINGLE, MARRIED, Manual WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Opsil (Month) (Day)
6 DATE OF BIRTH - , 1876 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the d MAN. 2.6. 1950 . to that I last saw h alive on MAN. 2.6
B OCCUPATION (a) Trade, profession or flowerife	and that death occurred on the date stated above, at
(b) General nature of industry pusiness, or establishment in which employed or (employer)	(Duration) 2 yrs. Contributory Secondary
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (State or country) 12 MAIDEN NAME	(Signed) (Distation) yrs (Signed) (Distance) (Distance) (Distance) (Signed) (Sig
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions or Recent Residents) At place of death yrs mos. ds. Where was disease contracted, if not at place of death?
(Informant) Same Talket (Address) Chaptico Filed April 7 1930 H. D. Marine Registrar	Former or usual residence 19 PLACE OF BURYAL OF REMOVAL ADDRESS L. L. Methy Liay

ATE OF MARYLAND TIFICATE OF DEATH

Registration Dist. No. 4

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

FY. That I attended the deceased from he date stated above, at as follows:

Hospitals, Institutions, Trans-

In the ds. State. yrs.....mos...

in deaths from and (2) Whether

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Solesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL of HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; L stited unless important use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature Chronic valvular heart disease Example: Measles (disease chopneumonia (secondary), etc. The contributory Measles ;

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDI

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	INLY, WITH UNFADING INKTHIS I
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S. No. 1

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	PLACE OF DEATH County H Marye	(2
il	lage or City Dreyden (No.	
	2 FULL NAME Infant Laylor	
	PERSONAL AND STATISTICAL PARTICULARS	
5	Black Black Single. MARRIED. Single OR DIVORCED (Write the word)	16 D
E	DATE OF BIRTH	17
	(Month) (Day) (Year)	that
A	If LESS than I day hrs. or min.?	and The
P(Ibw	a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	
-	(State or country) Manyland	
	10 NAME OF John. Lawfor	(Sign
2	11 BIRTHPLACE OF FATHER (State or country) Maryland	(in
	OF MOTHER Comen de Johnson	18 L
	13 BIRTHPLACE OF MOTHER (State or Country) Manyland	At pof de Whe
	(Informant) John Laylor (Address) Drayden hed	formusua
5	Filed aug 31 1930 Plan ha	20

09496

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 287

Drayden, mo

Ct. Wand		occurred
St.:Ward)		
	tion, give l	ts NAME

tuis stead of number.)

16 DATE OF DEATH	ana	31	1930
***************************************	0	(Day)	
17 I HEREBY CE	RTIFY, That I		
that I last saw hamanal	till	and a	3/ 1000
and that death occurred	on the date sta	ited above, at	m
The CAUSE OF DEATH	was as follows	:	
linkrision,	polely	y dead	
	(Duration)	yrs,	mosde
Contributory Secondary			
400000000000000000000000000000000000000	(Duration) .	утв	raosds
(Signed)	Address) Pres	+ mile	M. D
*State the lise as Violent Causes, atate Accidental, Suicidal or F	e Causing Des		
18 LENGTH OF RESID		spitals, Institu	tions, Trans
At place of deathyrsmos.	ds.	the Stateyrs	ds
Where was disease contracte if not at place of dea.h?	ed,		
Former or usual residence	************	•••••	
19 PLACE OF BURIAL O	RREMOVAL	DATE O	FBURIAL
St marks Ce	melony	ang	1, 1932
20 UNDERTAKER		ADDRESS	

MEDICAL CERTIFICATE OF DEATH

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from taborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Oceupation-Precise statement of ocwhatever, write Noue. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlharia (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenelature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stited unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n.ture of the injury, ean be ascertained as the cause. Always qualify all "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (seeondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Uracmia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County DEATH	05829 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City inocentroniano	Registration Dist. No. St.: Ward) A hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MANAGE WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May QC, 15230 (Mosth) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 198/ to May 26, 198 (that I last saw h 1 alive on May 22, 198)
7 AGE If LESS than day hrs. mos. ds. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. L mos. S ds.
9 BIRTHPLACE (State or country) Mary & Co Ma	Contributory Secondary (Duration) (Duration)
10 NAME OF FATHER CHOKEN JOHN	(Signed) M. D. M.
(State or country) Mary & Colly	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER pealine mukerom	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) (State of country)	At place of deathmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Tevinge by for	19 PLACE OF BORIAL OR REMOVAL DATE OF BURIAL
(Address) Sindandon (Addre	26 UNDERTAKER ADORESS
If more blanks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting Y.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician. whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealbusiness, that fact may be indicated thus; Farmer (reinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEA ECOLUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cereprospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Ethaustion," "Heart failure," "Haemorrhage, "Debility" ("Congenital," "Senile," etc.), "Dropsy, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperitonacum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) Chronic valvular heart disease; etc. The affection need Nomenclature of the contributory not be etc., of

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V. S. No. 1

HY	EX		
3Every item of information should be carefully supplied. ACE should be stated sXACTLY, PHY	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Ex	statement of OCCUPATION is very Important. See Instructions on back of certificate.	
93	9 d	ok o	
ACE should	that it may	tions on bac	
y supplied.	ain terms so	See instruc	-4
be carefull	EATH in pla	/ Important.	
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item	sho	ent (
3 Every	CIANS	statem	

PLACE OF DEATH	STATE OF MARYLAND
County Plants	CERTIFICATE OF DEATH
00114	Registration Dist. No. 28/
Village or City & Willy Lee (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Sasah A Marth	tion, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH // / / / / / / / / / / / / / / / / /
DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended the deceased from
Eune 10 1939	Mas 15 1920. 10 Mas 18 , 1950
(Month) (Day) (Year)	that I last saw has alive on Alas 1 1920,
AGE . If LESS than	and that death occurred on the date stated above, at 6-30-Qm.
/ yrs. 2 mos. 2 2 ds. or min.?	The CAUSE OF DEATH * was es follows:
OCCUPATION wrs as. ormin.?	Moncinal fineuma.
(a) Trade, profession or	/
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) Tyre mos 27 ds.
which employed or (employer)	Contributory
(State or country)	Secondary
I 10 NAME OF 1	(Durstion) Transmos, mos, mos, mos, mos, mos, mos, mos,
FATHER Nobest H Jaylor.	(Signed) M. D.
11 BIRTHPLACE	Man 17 1900 (Address) Serson de Como
OF FATHER (State or country) & Marya Co. Md.	*State the lisease Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ammanda Summerrile	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or country) H Marys Co Ma	of deathyrsds. Stateyrsmosds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
/ faille	Former or trium residence
(Informant) Anymono a dunithum	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jeally Lee Hid	It Marke Church Mas 20, 1930
5 Filed Mar 19 1998 Harrison Holle	20 UNDERTAKER ADDRESS
Filed 1 1930 An Artison Natural Registras	Walard / homas Yally Lu Me
If more hanks are needed, addre a tate Kegistrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed er," etc., without more precise specification as vay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH. For many occupations a single word or term on Stationary fireman, etc. For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "(Exhaustion," "Heart tallure, lacemonthings," "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease etc. The contributory Nomenclature

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PLACE OF DEATH	03262 STATE OF MARY
County Marys	CERTIFICATE OF
	/00-0 Registration Dist. No
Village or City Saville (No.	St.: Ward) (If de
2FULL NAME Genjaman Lesa	lol Thomas tion, get and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Fingle. MARIED, Fingle. OR DIVORCED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH HOY 26 (Month) (Day)
6 DATE OF BIRTH Oct 3 , 1929	17 I HEREBY CERTIFY, That I attended the Man 23 192 . to Man that I last saw hamalive on Man 23
(Month) (Day) (Year)	
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	One of Tissina
(b) General nature of industry business, or establishment in	(D - 4)
which employed or (employer)	(Duration)yrs
9 BIRTHPLACE (State or country) St. Mary co. Mel.	Contributory Secondary (Duration)
FATHER Theodore thomas	(Signed) / 3102m B. C.
OF FATHER (State or country) MATPANTA A THOR	*State the lisease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
of MOTHER Lina Michaelly	18 LENGTH OF RESIDENCE (For Hospitals, Insients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Randle Md	At place of death yrs mos. ds. In the State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Theodore Thomas. (Address) Saville Ad.	19 PLACE OF BURIAL OR REMOVAL DAT HOLO HOLO
15 Filed 3/m 19230 Caccaller	20 UNDERTAKER ADDR
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward)	(If death occurred a hospital or instit tion, give its NAME i stead of street as	u
0.1		number.)	10

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH HOS	26 , 1920
(Month)	(I)ay)(Year)
17 I HEREBY CERTIFY, That I a	ttended the deceased from
Man 23 192 . to	Mas 26, 1980,
that I last saw harmalive on Man	£3 , 192°a.,
and that death occurred on the date stat	ed above, at
The CAUSE OF DEATH * was as follows:	moniet Mengile
(Duration)	yrs. mos ds.
Contributory	
(Signed)	
18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	
At place in grammosds.	he tateyrsmosds
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	,
19 PLACE OF BURIAL OR REMOVAL	Hon 28, 180
20 UNDERTAKER	ADDRESS This

S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

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> approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart failure," "Hacmorrhage," "Shock," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondary Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be "Congenital," "Senile," etc.), "Dropsy,", "Heart failure," "Hacmorrhage," Chronic Example: Measles (disease valvular heart etc. The contributory disease;

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Village or City Cally Lie (No. St.: Ward) (if death occurred in hospital or institution, give its NAME) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE NAMERIED, MARRIED, NO.	PLACE OF DEATH County De Mary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 28
3 SEX 4 COLOR OR RACE BINGLE WINDOWS Windo	I have to	a hospital or institu- tion, give its NAME ir- stead of street and
MARRIED WIDOWEDCED Wile word) 6 DATE OF BIRTH Contributory 6 DATE OF BIRTH Contributory 6 DATE OF BIRTH Contributory 7 AGE 15 Divides or equality 16 DAME OF FATHER (State or country) 17 Divides or equality 18 Divides or equality 19 Divides or equality 10 NAME OF FATHER (State or country) 11 S BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 Divides or equality 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) ATE OF BURIAL OR REMOYAL DATE OF BURIAL ATE OF BURIAL ATE OF BURIAL OR REMOYAL ATE OF BURIAL DATE OF BURIAL ATE OF BURIAL ATE OF BURIAL ATE OF BURIAL ATE OF BURIAL DATE OF BURIAL ATE OF BURIAL ATE OF BURIAL ATE OF BURIAL DATE OF BURIAL ATE OF BURIAL ATE OF BURIAL ATE OF BURIAL DATE OF BURIAL ATE OF BURIAL OR REMOYAL DATE OF BURIAL ATE OF BURIAL DATE OF BURIAL ATE OF BURIAL DATE OF BURIAL ATE OF BURIAL DATE OF BURIAL D	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year) That I last saw has alive on 1920, and that I last saw has alive on 1920, and that death occurred on the date attack above, at 1920, and	MARRIED, MONULA WIDOWED. OR DIVORGED	9107 7 190
The CAUSE OF DEATH * was as follows: Contributory Secondary Contri	(Month) (Day) (Year)	that I last saw has alive on Nov 5 , 1992,
Durstions, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Contributory Secondary (Signed)	## JO yrs. Jomos. 7ds. or min.?	
15 Filed Mov. 5-thogothan is an Hobble of UNDERTAKER of The Modern Land	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPL CE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Contributory Secondary (Durstion) (Signed)

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g gcd in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATE, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken doorer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Howemaid, etc. If the occupation has been changed orer, Farm laborer. Foreman, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile Laborerfactory. The material -Coal mine, etc. Grocery; Wom-

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> ARecommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "(E:haustion," "Heart "Gold Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease " "Coma," "Convulsions, affection need etc. The contributory valvular heart not be disease;

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(Approved by U. S. Census and American Public Health Association.)

work, tired 6 yrs. state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EA. ECAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at *State the Placase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the ADDRESS If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospital or institution, give its NAME in stead of street and

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tired 6 yrs). should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci whatever, write None. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS— EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E.haustion," "Heart failure," "Haemorrhage," "Shock," st_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondary or intercurrent) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. The contributory affection valvular heart Nomenclature need disease; not be

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Never return "Laborer," "For man," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a Civil engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDII AINLY, WRITE V. S. No. 1

PLACE OF DEATH County D. MANN	14055 STATE OF MARYLAND CERTIFICATE OF DEATH
2/ 1/20	90 Registration Dist. No 283
Village or City Previole (No.) 2FULL NAME Suph Reston The	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mult Single, Married, Mulled OR DIVORCED (Write the word)	16 DATE OF DEATH MY. , 1980
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to M., 1930 that I last saw has alive on 1930.
7 AGE 7 AGE 1 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Jamus (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 7 mos ds
SPBIRTHPLACE (State or country) 10 NAME OF FATHER Sebastian Monthson 11 BIRTHPLACE	Contributory Secondary (Duration) (Signed) (M. D (M. D (M. D (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME W	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrsmosds Where was disease contracted,
(Informant) JUNI MONTH SEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Loverell	W. 3 , 1930
File M. 1 1930 A. J. J. M. M. Registrar	ma (Mallingly Lemention
if more binnks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvont, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g.. Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (o) Salesman, without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation (6) If the occupation has been changed Automobile foctory. The material Laborer--Coal mine, etc. person, irrespective of 6 Grocery;

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American Medical Association.) approved (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY bу cough; Committee on Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

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STATE OF MARYLAND CERTIFICATE OF DEATH

(0)	Registration	Dist.	No 70	.0
2	St.: Ward		f death	

(Year)

If LESS than

I day hrs.

curred in institution, give its NAME in stead

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if	not	at	place	of	death?
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us	ual r	esi	dence		

new lowa	-1
20 UNDERTAKER	7

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

S. No.

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state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or Al Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, (b) Grocery;

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> approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death lclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory affection need not be

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	PLACE OF DEATH	09497	STATE OF MARYLAND CERTIFICATE OF DEATH
	County	NE	Registration Dist. No.2 F
Villa	2FULL NAME Joseph Rucen C	is the	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
3 SI	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
6 D	Month) (Day) (Year)	that I last saw h	CERTIFY, That I attended the deceased from 1920. to
7 A			rred on the date stated above, at
(a pa	yrs, mos, ds. or min.? CCUPATION Trade, profession or articular kind of work O General nature of industry	1 state	to to the got
bu C	usiness, or establishment in hich employed or (employer)	Contributory	(Durstion) yts. mos 2 de.
	10 NAME OF FATHER THE PLANT OF	Secondary	(Duration) yrs. mos. ds.
EL Z	OF FATHER (State or country) 12 MAIDEN NAME	*State the D Violent Causes, st Accidental, Suicidal	isease Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether or Homicidal.
A .	OF MOTHER (and and has Have	18 LENGTH OF RE ients or Recent Re At place	SIDENCE (For Hospitals, Institutions, Trans- sidents) In the
14 T	OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsn Where was disesse cont if not at place of dea	racted,
	(Informant) Waish all Huy m	Former or usual residence	
-	1 10 /	20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condi-Chronic etc. valvular heart Nomenclature The contributory not be disease;

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10676 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 282

St.: Ward)

(If death occurred in a hospital or institution, give its NAME isstead of street and

1	stead of street as number.)	nd
/	MEDICAL CERTIFICATE OF DEATH	=
	16 DATE OF DEATH	
	Aff 57, 180	a d-day
-	(Moath) (Day) (Year)	
	17 I HEREBY CERTIFY, That I attended the desired from	7
7	Jeff 2 11 128 10 11 195	0
	that I last saw h for alive on feft 6 1 198	e)
n	and that death occurred on the dat stated above, at	n.
3.	The CAUSE OF DEATH * was as follows:	
3	The part of the state of	
	schulas reffisiles coproses	(
	(Duration) yrs. dy mos d	8.
-	Contributory Secondary	
		8.
-	(Signed of I Beenwell M.	
		9
	(Address) Flom Ps Wisoru	6
1	*State the lisease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether	
	Accidental, Suicidal or Homicids!. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran	_
-	ients or Recent Residents)	
-	At place of deathyrsmosds. In the Stateyrsmosds.	
	Where was disease contracted.	100
	if not at place of death?	
es.	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
	At John Center Act 1 1 1930	-)
	20 UNDERTAKER ADDRESS	
-	Joseph heatlingler Come stown	1

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto. Kequating V. S. No. 1.

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; farmer (restate occupation at beginning of illness. If refred from er," etc., without more pressor and etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. nncr, (b) Cotton mill; (a) Salesman. (b) Grocery, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first the bis. EAS E (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"; Lightheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory not be etc., of

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BURNAU

WRITE

No.

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Every item CIANS sho statement

Filed March 12 1930

8		PLACE OF DEATH
		County It Mary
• 6	Vi	liage or City Daniel (No
Ificat		2FULL NAME Elinara Elizabeth
oert		PERSONAL AND STATISTICAL PARTICULARS
See instructions on back of certificate	3 1	sex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED Married (Write the word)
on !	6	DATE OF BIRTH
lons		(Month) (Day) (Year)
netruct	7 /	If LESS than a l day hrs. 1 day hrs. 2 ds. or min.?
See Ir	1	a) Trade, profession or Housewell
rtant.	X	b) General nature of industry usiness, or establishment in which employed or (employer)
is very important.	9 8	SIRTHPLACE (State or country) Maryland
very		10 NAME OF FATHER WM Beale
	RENTS	OF FATHER (State or country) Manyland
PATION	PARE	12 MAIDEN NAME OF MOTHER Rusie Lucker
OCCO		13 BIRTHPLACE OF MOTHER (State or Country) Maryland
o	14	(Informant) Louis Trosalach
tatement	_	(Address) Danisan mel

03263

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 287

Ward) (If death occurred in

Fresback	tion, give its NAME is stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
	March 11, 1930 (Year)
that I last saw her alive on M	Man 11, 1970.
and that death occurred on the date stat The CAUSE OF DEATH * was as follows:	
Pulmonary Tuber	culosis
(Duration)	Ø yrs mos de.
Contributory	0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
(Signed) (Address) Guarante	Bean, M. D.
*State the Discase Causing Deat Violent Causes, stato (1) Means of Accidental, Suicidal or Homicidal.	h, or, in desths from Injury and (2) Whether
16 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
At place of death yrs	he tateyrsmosds.
Where was disease contracted, if not at place of dea.h?	000000000000000000000000000000000000000
Former or usual residence	2000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
It hickers Cometry	Mer 13 , 1930
Engt Robinson	Demeron Md

'(Approved by U. S. Census and American Public Health Association.)

business; that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emen at home, laborer, Furm laborer, Laborer—Coal mine, etc. Womnature of the husiness or industry, and therefore an Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH to report household only worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, For many occupations a single word or term on (b) Colton mill; (a) Salesman, specifically the occupations of Compositor, who are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many (not paid Housekeepers who receive a Architect, Locomotive engineer, (6) persons en-Grocery;

Statement of Cause of Death—Name, first, the DIS-EACE (YUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "E:haustion," "Heart minure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E::haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, by Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Measles ;

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Housereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, yrs.. For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile factory. The material and children, not gainfully em-Locomotive engineer, duties of the Grocery;

Statement of Cause of Death—Name, first, the DISEALE (*VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fewer* (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Croup"); Typhoid fewer* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

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FOR

RESERVED

MARGIN

EXACT of certif 0 0 chould CF d 80 supplied. WITH UNFADING INK--THIS in plain terms carefully Should be cal CAUSE Information WRITE

PLACE OF DEATH certificate. Rulliam Van 2FULL NAME 5 SINGLE, 3 SEX 4 COLOR OR RACE 6 DATE OF DEATH MARRIED, WIDOWEO OR DIVORCED that it may be tions on back Write the word 6 DATE OF BIRTH See instructions (Day) (Month) 7 AGE If LESS than I day hrs. min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) very 10 NAME OF FATHER 11 BIRTHPLACE ARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Every item of Information CIANS should state statement of OCCUPA Ω, 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST (Informant) (Address) 20 UNDERTAKER 15 Filed. Registrar If more banks are needed, addre.a Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

(If death occurred in Ward)

a hospit I or institu-tion, give its NAME is atead of street and number.)

(Mos	th)(Da)	y). (Year)
7 I PEREBUCERTIFY, TI	at I attended	the decease	ed from
1928 to	use	121	19234
nat I last saw her alive on 4		74	192
	//	90	b
nd that death occurred on the dath he CAUSE OF DEATH * was as fo		at	m.
	// /		1
Coscenoma	1 1	-	<i>[</i>
Command	fo Spo	much	ā
	<u></u>	************	
(D	on) of yrs.	4	ds.
Durate	on)yrs	mos	
Contributory Secondary			
5 Burat	on) yrs	mos	da
11 1 12	916	00	
Signed)	more		M. D.
114 (1969 (Address)	Leone	san	Zou
*State the I'is ase Causing Victoria Causes, state (1) Mean Accidental, Suicidal or Homicidal.	Death, or, is of Injury a	n deaths nd (2) Wh	troy 1
B LENGTH OF RESIDENCE (For	Hospitals, la	nstitutions,	Trans
ients or Recent Residents)			
t place f deathyramoa,ds.	In the State	rstnos	ds
There was disease contracted, not at place of death?			
ormer or sual residence	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

S. No.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs. state occupation at beginning of illness. If retired from laborer, Farm laborer. Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry, (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engincer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health; Statement of Occupation-Precise statement of ocwhatever, write None. business. that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as For persons who have no occupation Stationary fireman, etc. But in many Day

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Brouchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

County M	mary	(29)	CERTIFICATE OF DEAT Registration Dist. No.
Village or City	Me Willam Fr	antlin Charle	St.; Ward) (If death occion a hospital or tion, give its No stead of streen number.)
PERSONAL A	ND STATISTICAL PARTIC	ULARS	EDICAL CERTIFICATE OF DEATH
Inche 1	DLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word		(Month) (Day)
6 DATE OF BIRTH	Month) (Day)	, 1648 In	EREBY CERTIFY, That I allended the december 1890, to History IH
7 AGE	vrs. mos. d	[IfLESS than and that deat]	n occurred on the date stated above, at
particular kind of w (b) General nature of business, or establish which employed or (of industry		(Dugation) 9 yrs yes
9 BIRTHPLACE (State or country)	St. marp	les my Contributor Secondary	, Trustation ophilis
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	William Vanta	Secondary Secondary (Signed) *State Violent Cat Accidental, S	(Duration) J. 18
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	Al mary William Vanta Mary Sims	Secondary Secondary (Signed) *State Violent Cat Accidental, S 18 LENGTH ients or Rec At place of deathyrs Where was dises	(Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Example 10 (
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	Al mary Sims	Secondary Secondary (Signed) *State Violent Cat Accidental, S 18 LENGTH ients or Rec At place of deathyrs Where was dises if not at place Former or usual residence 19 PLACE OF	(Duration) (Durat

(Approved by U. S. Census and American Public Health Association.)

Laborer, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may he indicated thus; Farme or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, tion applies to each and every person, irrespective of " etc., without more precise specification as Day Foreman, For many occupations a single word or term on Farm laborer, Laborer-Compositor, For persons who have no occupation (b) Automobile factory. The material Architect, -Coal minc, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISA EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosphaely fever (the only definite synonym is "Epidemic cerebrosphaely final meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; 93 "Heart failure," "Haemorrhage," Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions rehassed in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDIM WITH UNFADING INK--THIS IS A PERM. MARGIN RESERVED FOR MINLY No. 1 1.

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PLACE OF DEATH	114597 STATE OF MARYLAND
County of Mary	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or Out (No. (No.	St.: Ward) (If death occurred in
Village or Sub-	tion, give its NAME is -
2FULL NAME Nacey Wa	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH /
3 SEX 4 COLOR OR RACE 5 SINGLE	16 DATE OF DEATH
MARRIED. WIDOWED. OR DIVORCED	Cpm 19230
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Ottended the decensed from
Nee. 13, 1726	(Ah. 3 =
(Month) (Day) (Year)	that I last saw h live on 1920
7 AGE If LESS than I day	and that death occurred on the date stated above, at
3 yrs. 3 mos. 20 ds. or min.?	
8 OCCUPATION	Robor Meeeworean
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs. mos 4 ds.
which employed or (employer)	
9 BIRTHPLACE (State or country)	Contributory
AXION	(Dupation) yrs
TO NAME OF MARIA MAOROLA	(Signed) / Well (G. Gallery),
11 BIRTHPLACE	4/3 Address Xloriaiain
OF FATHER (State or country) W	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal of Homicidal.
of MOTHER OSER Cagne	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the State yrs mos ds.
(State or Country)	When are disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa.h?
(Informant) acres Walker	usual residence
(Cocestran	19 PLACE OF BURIAL OR REMOVAL
(Address)	Mediam cuely left. , 1920.
Filed 3 1920 Coccure Registras	Will healing Honarden
If more banks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
III	

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g gcd in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, Foreman, etc., especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as (b) Automobile factory. The material Grocery; Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal'heningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was (secondary or intercurrent) affection need not be Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR S

RESERVED

MARGIN

	age or City Wally Lee (No.	***
	2 FULL NAME Bire Water	-
	PERSONAL AND STATISTICAL PARTICULARS	
h	COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	i
D.	ATE OF BIRTH	
AG	(Month) (Day) (Year) If LESS than I dayhra.	7
(b bu	Trade, profession or articular kind of work	
SLIS	FATHER Robert Walls	
PAREN	OF FATHER (State or country) Ct. Many Dr. Mrd. 12 MAIDEN NAME OF MOTHER Define Promer	1
	OF MOTHER (State or country) Ct. Many Co, Ind.	0 0
	(Informant) Laura Bis o D (Address) Calley Lee Tud.	if Fu in
F	iled Slf 3 of 1931 Valsian Tolks Registrar o more blanks are needed, address State Registrar.	2

PLACE OF DEATH

10678 STATE OF MARYLAND CERTIFICATE OF DEATH

15-E)

Registration Dist. No.

St.;	Wand	
365	AL WLCI	

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Month) (Day) (Year (Month) (ð.,
17 I HEREBY CERTIFY, That I attended the deceased free dec	ð.,
that I last saw him alive on Selt, 12 198 and that death occurred on the date stated above, at 2.P. The CAUSE OF DEATH & was as follows: Caralysis and Dalisest.	ð.,
and that death occurred on the date stated above, at 2.P The CAUSE OF DEATH is was as follows: Canaly Ris and Daluston	.6.
and that death occurred on the date stated above, at 2.P The CAUSE OF DEATH is was as follows: Canaly Ris and Daluston	.6.
and that death occurred on the date stated above, at 2.P The CAUSE OF DEATH is was as follows: Canaly Ris and Daluston	
Revalgeir and salisation	
Rosalysis and salisestin	

**************************************	1

(Duration)	de,
Contributory	
Secondary	-
	4
(Signed) 1. Howhen Lynch M.	
1) 0 0 0 1	7
Whit 2 1923 d (Address) Valle La Tur	4
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Heans of Injury; and (2) whether	
Accidental, Sulcidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitals, Inciltutions, Tras	A Gira
iente, or Recent Residents)	
At place In the of death yrs	4
Where was disease contracted,	
if not at place of death?	
Former or	
19 PLACE OF BURIAL OR REMOVAL DATE OF BUBIAL	
retherda Cohurch Left 3th, 102	.6.
20 UNDERTAKER ADDRESS	
Richard Homes Vally Lee h	
6 W Saratoga St., Balto, Requesting V. 8 No. 1	

REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

eupation is very Important, so that the relative health or given up on account of the disease causing Death, definite salary), may be entered as Housevoije, House en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Lahorer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an gary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. tired 6 yrs.). For persous who have no occupation whatever, write Name state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Ecreant, Cook ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., (a) Foreman, (b) Automobile factory. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or 4t Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material The ques-

EASE CAUSING DEATH (the primary affection with respect spinal meningitis"); Diphtheria (avoid use of "Croup") Lobar Typhoid fever (never report "Typhoid pneumouit") jever (the only definite synonym is "Epidemie cerebra ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same advent Statement of Cause of Death-Name, first, the pneumonia, Bronchopneumonia ("Pneumonia DIS

> or omenclature of the American Medical Association.) can be ascertained as the cause. Always qualify all rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Coneonditions, such as "Asthenia," "Anaemia" ary), 10 ds. stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men ment of cause of death approved by Committee on head of "contributory." quences as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or monicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under "Puerperal sopticaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as "Uracmia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway vulsions," Whooping cough; (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Debility" ("Cougenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart discase; Carcinoma, Sarcoma, etc., of (Recommendations on state-The contributory (disease (second-(merely

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-. If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

PLACE OF DEATH STATE OF MARYLAND 02149 CERTIFICATE OF DEATH stated EXACTLY, properly classified f certificate. Registration Dist. No. Ward) (If death occurred la a hospital or institution, give its NAME instead of street wumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE, WIDOWED To OR DIVORCED (Month) (Write the word) 6 DATE OF BIRTH that instruction (Month) (Day) (Year) and that death occurred on the date stated 80 7 AGE If LESS than CAUSE OF DEATH & was as follows: I day hrs. termsds. or....min. ? See 8 OCCUPATION (a) Trade, profession or (% plain particular kind of work. very important. (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country 4 E III (Duration) 0 10 NAME OF FATHER (Signed) 0 (Address)...V. alles. o MZ II BIRTHPLACE FNH C (0) OF FATHER *State the Disease Causing Death, dr, in deaths from 0 ACC (State or country Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal, 00 12 MAIDEN NAME 0 0 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... yrs. ... mos. ... da. State,yrs.....mos..... (State or country 0 0 Where was disease contracted. shoul 14 THE ABOVE IS NOWLEDGE if not at place of death?..... Former or usual residence. Every it BURIAL OB, REMOVAL DATE OF BURIAL 20 UNDERTAKER APPRESS if more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

UNFADING

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; chould be used only when needed. As examples: (a) additional line is provided for the latter statement; it n ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeeper's who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. ...red 6 yrs.). For persons who have no occupation usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

to time and causation), using always the same accept. KABE CAUSING DEATH (the primary affection with respect *pinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebraspinal Typhoid fever (never report "Typhoid pneumonin") fever (the only definite synonym is "Epidemic cerebro-Buscement of Cause of Death-Name, first, the bis pneumonia, Bronchopneumonia ("Paeumonia."

> myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory(name origin; "Cancer" is less definite; avoid head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PURPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "Inunition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Examples: Accidental drowning; as probably such, if impossible to determine definitely State cause -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debllity" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-"Anaemia" Struck by railway "Coma," Measics; (second-(disease (merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before

the certificate is permanently filed

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LN WITH UNFADING INK---THIS IS A PERMAN MARGIN RESERVED FOR BINDING NLY, WRITE P V. S. No. 1

	PLACE OF DEATH	08291 STATE OF MARYLAND CERTIFICATE OF DEATH
	County	Registration Dist. No. 28 7
	Village of Dis Storage ours P. U. 2FULL NAME FEOR P. U.	St.: Ward) (If deeth occurred in e hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
	MARRIED, MINOWED MINUS OR DIVORED (Write the word)	(Yo)th) (Day) (Yesr)
	6 DATE OF BIRTH DEC. 6 . 1895	17 I HEREBY CERTIFY, That I) attended the deceased from 19 1930 to 19 1930 that I last see h and here here 19 1930
0	(Month) (Day) (Year) 7 AGE (HESS than	and that death occured on the date stated above, at 2301 m.
200	hrs.	The CAUSE OF DEATH * was as follows:
	mos, ds. or min.?	Cours disassion of
00	(a) Trade, profession or Pulled & warren	the heart
and	(b) General nature of industry business, or establishment in	Shock, due to fright War assistement, counsed by the
100	which employed or (employer)	Contributory Thork: burning of a hay-rick
8	(State or country) Ohio	for mr. thegentons form. Cut of
very	10 NAME OF KING Suction	(Signed) Vacel (4. Quelle M. D.
9	0 11 BIRTHPLACE	1923 (Address) Dotte on in deaths (and
2	OF FATHER Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
-	of MOTHER lan Quelia agel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
2	13 BIRTHPLACE OF MOTHER TO	At place of death yrs mos. ds. State yrs mos ds.
2	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ם זה	The Above is 1902 to the best of the land of	Former or usual residence.
atemei	(Address) lorardhu ny	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mordlaum Cunty Calamyn hel 7/22, 1937
816	Filed 7/19 19230 Cerelalina Registrar	20 UNDERTAKER Mailing & Rerundlan
	If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocay; (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Lanager." "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report whatever, write None. Housemand, etc. If the occupation has been changed bore, Farm laborer, Laborer—Coal mine, etc. Wom-n at home, who are engaged in the duties of the especially in industrial employments, it is neces-For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fewer* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphilaria* (avoid use of "Croup"); *Typhoid fewer* (never report "Typhoid Pneumonia"); *Typhoid Pneumonia"); *Typhoid fewer* (never report "Typhoid Pneumonia"); *Typhoid fewer* (never report "Typhoid Pneumonia"); *Typhoid Pneumonia"); *Typhoid Pneumonia"; *Typhoid Pneumonia"); *Typhoid Pneumonia"); *Ty

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease utic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Fxhaustion," "Heart failure," "Haemorrhage," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underapproved (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Examples: Accidental drowning; Struck by railway train by Committee on cough; Chronic etc. The contributory valvular heart discase; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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1PLACE OF DEATH	10868
Mm	STATE OF MARYLAND
County 41/10048	CERTIFICATE OF DEATH
	Registration Disk No. 280
Village or City (No.	St.: Ward) (If death occurred in a hospit I or institu-
2FULL NAME no nauce	Of Ilhund stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feerle White Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Seth' 30, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
HA 30 1930	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, atm.
l day 2 hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Tremalin Burth
(a) Trade, profession or particular kind of work	/
(b) General nature of industry	•
business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Mee	Contributory Secondary (Duration) yrs
FATHERY Speece Ir illumin	(Signed) M. D.
OF FATHER Z (State or country)	*State the Viscose Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF MOTHER Tolece Bridders	Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Internate) 7. P Delleusei	Former or usual residence.
(Address) Peice m	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Molocox Ceculy - Det 1. 1930
Filed Oer, 11980 Angles	20 UNDERTAKER Ralaigh Ribe Inda
If more branks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screaul, Cook, work, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation -- Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a 1178). Farm laborer. Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on As examples: (a) 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospical fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* avoid use of "Croup"); Typhoid fever 'never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia");

American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stated unless important. approved telunius) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably smeide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping eough; Chronic valudar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcustes; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by rulway train (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature 'Congenital,' "Senile,' etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Example: Measles (disease

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1

County De DEATH County De Death	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 982
Village or Call (No. 2FULL NAME Jolice)	St.: Ward) Olliaus St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH April 23 , 1920 (Month) (Dsy) (Year)
6 DATE OF BIRTH (Month) (Day) (Vesr)	that I last saw h 4 miles on 1923 to 2 2 , 1923 to
7 AGE 3 4 yrs. 6 mos. 22 ds. If LESS than I day hrs. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Juliumay H3
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
FATHER Thos Williams	(Signed) Sael (Buelento.
OF FATHER OF FATHER (Grate or country) 12 Majoen Name?	*State the Discsee Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Maria Stay	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place In the
OF MOTHER (State of Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Informant) James A. Treads	Former or usual residence
(Address) Ovacrelo	f. Sefle's 4/24,1,3
15 Filed 4/9 3 19230 accepted	Lucyacha Reckaucul
lf more b.anks are needed, addre.s : tate l'egistrai	r, 16 W. Saratoga St., Balto., i.equesting V. S. i.o. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekcepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." "E:haustion," "Heart ranue,
"Old Age," "Shock,"
"Inanition," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, ChronicExample: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County H Mary	STATE OF MARY CERTIFICATE OF Registration Dist. No
Village or City Levners Selliam 7 2	St.: Ward) (If do a hospition, general stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Markle OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH (Month) (Day) (Year	17 HEREBY CERTIFY That I attended to
7 AGE If LESS the control of the	and that death occurred on the date stated above, and the CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry (business, or establishment in	Jalmonery Joshes
9 BIRTHPLACE (State or country) State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	(Signed). The Plany ll
OF FATHER (State or country) of Shorts Cooked	State the Disease Causing Death, or, In Wolent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Instients or Recent Residents) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs nos ds. State yrs Where was disesse contracted, if not at place of death?
(Informant) Sourcell clean	Former or usual residence
(Address) Louadlan	19 PLACE OF BURIAL OR REMOVAL DATE A Colorphist Comeles a 20 UNDERTAKER ADDR
Filed Cury 24 193.0 Musulman Registrar	- Wow le Mallingty Low
If more banks are needed, address thate Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 28

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

1	Liamp number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Chung 187 1980.
	(Morth) (Day) (Year)
n	and that death occurred on the date stated above, at
3.	The CAUSE OF DEATH * was as follows:
5	Talmoner Tabesculion
•	(Durstion) yrs, mos, ds.
.	Contributory Secondary
-	(Signed) (Signed) M. D.
-	Com 17 May Address) Demasthoway
-	State the Disease Causing Death, or, In deaths from Wolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
0	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disesse contracted, if not at place of dea.h?
-	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	20 UNDERTAKER ADDRESS
	0. Now 1 2 11 1/2 4 It

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Light laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician. the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on yr8 .. Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EA 3 CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menlelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, approved by Committee on as fracture of skull, and consequences (e. g., sepsis, uccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart etc. The contributory Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

MARGIN RESERVED

S. No. 1

3 SEX

6 DATE OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 SINGLE,

MARRIED,

WIDOWED. OR DIVORCED

(Write the word)

(Day)

(Year)

PLACE OF DEATH

County of Man

15316

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 234

(If death occurred in

DATE OF BURIAL

uf et isson	tion, give its NAME i stend of street and number.)
MEDICAL CERTIFIC	CATE OF DEATH
16 DATE OF DEATH	
20-	16, 193
	h) (Year)
	at I attended the decensed from
	Den- 16, 1970.
that I last saw halive on	1920, 1920,
and that death occurred on the date	
The CAUSE OF DEATH * was as foll	
Tremahin	200
orania	Dunk
(Duration)yrs mos ds.
Contributory Secondary	
(Duratio	n)ds.
(Signed)	Dechora M. D.
(Signed) (Duration (Duration (Signed) (Duration (Duratio	Exertod Have
*State the Discase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of injury and (2) Whether
18 LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trans-
ients or Recent Residents)	In the
of deathyrsmosds.	Stateyrsnosds.
Where was disease contracted, if not at place of death?	
Former or usual residence	

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Botto., Requesting V. S. No. 1.

20 UNDER

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precional mine, etc. Wom-laborer, Farm laborer, Laborer-Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from guged in dome-tic service for wages, as Servant, Cookwork, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only inot paid Housekeepers who receive a Foreman, For many occupations a single word or term on 118. Compositor, who are engaged in the duties of the (b) Automobile furtory. The insterial Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Distract CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinated term (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup"); Typhoid Jover never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., schsis, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Exhaustion," approved by Committee on telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association. Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY or intercurrent) affection need "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and a i qu stions powered in detail, it will prevent further correspondence. All the lata is essential and must be obtained before the certificate is opportunity filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. 280 Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. (Month) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) that I last saw halive on 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. B OCCUPATION (a) Trade, profession of particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 0 4 (Duration) 0 O (Address) OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) ш Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-00 ients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER yıs.......mos......ds. (State or country) Where was disease contracted, Every Item of Clans should statement of if not at place of dea h? Former or usual residence

If more branks are needed, addre. s State Registrar, 16 W. Seratega St., Balto., Requesting V. S. No. 1.

(If death occurred In

a hospit I or institution, give its NAME: stend of street and

DATE OF BURIAL

number.)

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary, may be entered as Housewife, Housework, or At Home; and children, not gainfully employed, as At school, or At home. Care should be taken laborer, er," etc., sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer or given up on account of the DISHASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on ijrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) ('otton mill; (a) Salesman. (b) Gracery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"; Dinhlheria avoid use of "Croup" fover (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Typhoid ferer 'never report "Typhoid Pneumonia" CAUSING DEATH (the primary affection with respect pneumonia, Branchopneumonia ne, first, the DISction with respect the same acceptples: Cerebrox pinal Epidemic cerebro in use of "Croup"); oid Pneumonia"; in ("Pneumonia"); in ("Pneum

"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite; Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paismed by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse." "Coma," "Convulsions, perdonaeum, etc., Carcinomu, Sorcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection Chronic valvular heart disease; etc. The contributory need not be

duta is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. this certificate is looked over thoroughly and al questions Allthe

V. S. No. 1

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PLACE OF DEATH	10673 STATE OF MARYLAND
County M. //ann	CERTIFICATE OF DEATH
let er	Registration Dist. No. 283
Village or City Unity (No. 1) 2FULL NAME William Valuely	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH SUST. 26 , 19:30
6 DATE OF BIRTH My 26 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 that I last saw h , alive on , 192 , 19
7 AGE . If LESS tha l day hr.	and that death occurred on the date stated above, at Dimm m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Tressalul Burk
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yes
10 NAME OF TUREM TUSON 11 BIRTHPLACE	(Signed) . A. MMM & Glas Magniller D. Dept. 26 1930 (Address) Worgamy
OF FATHER (State or country) 12 MAIDEN NAME() 12 MAIDEN NAME()	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / CHIM QUILLI 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or country)	At place of death yrs mos. ds, State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) WWW DWWW	Former or usual residence
(Address) THARO MANUAL	19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed SUM 26 1980 A. M. H. Mark	20 UNDERTALER VILON BURNUS
If more blanks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. horer, Farm laborer, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer-Coal mine, etc. Wom-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

BUREAU

as fracture of skull, and consequences (e.g., sepsis, tetunus) may be stated under the head of "contributory." approved by Committee on carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Scnile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; L. stated unless important (secondary or intercurrent) Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meusles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-Example: Measles (disease chopneumonia (secondary), etc. affection need not be valvular heart discase; Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN

rms so that it may be proposity of instructions on back of certificat PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF ENTS OF FATHER (State or country) 00 12 MAIDEN NAM 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist No. 2 80

number.)

(if death occurred in

med

a hospital or institution, give its NAME i. - stead of street and

AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Opril 13, 1930 (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) , 1930 (Year)	that I last saw h
If LESS than I day I hrs. or	and that death occurred on the date stated above, at
ession or of work	
re of industry blishment in or (employer)	(Duration)yrs mos ds.
(A) John	Contributory Secondary (Duration)yrs
ams Juny brook	(Signed) Therey M. D. Opr. 13 1993 c(Address) Reign by
ountry) my	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Trohame mayor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
ountry) free	At place of death yrs mos. ds. In the State yrs de. Where was disease contracted,
Jaces Dry my Knowledge	if not at place of dea.h? Former or usual residence
Smary ting my	Structure Cery. Om, 14, 1920
LB 1934 Registrar	20 UNDERTAKER ADDRESS ADDRESS WMarstis.
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation -- Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screau, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewije, Houseer," etc., without more precise specification as Duy Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH to report household only (not paid Housekeepers who receive a en at home, laborer, worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material specifically the occupations of persons enwho are engaged in the duties of the Stationary fireman, etc. But in many For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the biseas: Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Carebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup"); Typhoia fever never report "Typhoia Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"(Exhaustion," "Heart lanure, "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e.g., sepsis, betanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scplicacmia," "PUERPERAL perdonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar/ Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Mcustes; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary). (name origin; "Cancer" is less definite; avoid or intercurrent) affection need Chronic valvular heart disease, etc. The contributory Nomenclature of the not be

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No. 1

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PHYSI-

	PLACE OF DEATH
	County ST Mary
Vil	llage or City Great Mills (No.
	2 FULL NAME Erva In Woodburn
	PERSONAL AND STATISTICAL PARTICULARS
3 5	SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED OR DIVORCED (Write the word)
6 1	DATE OF BIRTH
	(Month) (Day) (Year)
7 /	yrs. 6 mos. 23 ds. or min.?
パパ	DOCCUPATION a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)
9 1	SIRTHPLACE (State or country) Manyland
	10 NAME OF FATHER Delle Woodburn
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland
PARE	12 MAIDEN NAME OF MOTHER OF MOTHER Outh Norwis
	13 BIRTHPLACE OF MOTHER (State or Country) Manyland
14	(Informant) De CCe Woodburn

1405 4 STATE OF MARYLAND CERTIFICATE OF DEATH

(113)

Registration Dist. No. 2

St.: Ward	(If death occurred im a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	0
· · · · · · · · · · · · · · · · · · ·	9 1930
17 I HEREBY CERTIFY, That I att	(Year)
900 to 1930 to	
that I last saw ham alive on	
and that death occurred on the date stated	labove, at 3 A m.
The CAUSE OF DEATH * was as follows:	5

Iles-colitis	(
	,
(P)	yrs mos Z de
	yremosas
Contributory Secondary	• ••• •• • ••• • • • • • • • • • • • •
(Duration)	yrsds.
(Signed)	P. J. M. D.
nor 9 1980 (Address) grea	& mills had
*State the l'is ase Causing Death, Violent Causes, state (1) Means of it Accidental, Suicidal or Homleidal.	or, in deaths from jury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
At place of deathyrsmosds. In the	teyrsmosds.
Where was disease contracted, if not at place of dea.h?	oz 220 22 002 002 003 20 + 22 + 20 00 + 00 004 00 + 22 00 00 000 000 000 000 000 000 0
Former or usual residence	v40 a 0
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bur Ladin Chapel	no 10, 1930
20 UNDERTAKER	ADDRESS

mattingley

if more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on that fact may be indicated thus; Farmer without more precise specification as Day For persons who have no occupation -Coal minc, etc. Wom-

Strteme: t of Cause of Death—Name, first, the DISEA. I AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosi inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Uraemia, " "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) Never report mere symptoms or terminal condi interstitial nephritis, Chronic affection need not be etc. The contributory valvular heart Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND 08292 CERTIFICATE OF DEATH Registration Dist. No. (If death occurred inWard) a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTIC MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED WIDOWED, OR DIVORGE I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ESERVED or min. (a) Trade, profession or particular kind of work a (b) General nature of industry d business, or establishment in UNFADING (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DO (Duration) 10 NAME OF ਰ 0 11 BIRTHPLACE tation s OF FATHER LZ *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) infori 13 BIRTHPLACE In the At place of death ____yrs____mos.___ds. OF MOTHER (State or Country) 0 Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE TO THE BEST OF Former or usual residence (Informant) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scroonl, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form laborer, Lohorer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "("roup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perstonitis," etc. "(Inanition," "Marasmus," "Old Age, Snock, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart tonne," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonocum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Whooping cough; State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic etc. The valvular heart discose; Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH instructions (Month) (Day) If LESS than 7 AGE I day hrs. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry important. business, or establishment in Which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER PARENT (State or country) 12 MAIDEN NAME OF MOTHER Every item of inform CIANS should state statement of OCCUP. 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO 8 If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Edto., Requesting V. S. No. 1.

04600 STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

100-01

Registration Dist. No. 40

(if death occurred in

Yorksher		tion, give its NAME is- stead of street and number.)
MEDICAL (CERTIFICATE	OF DEATH
16 DATE OF DEATH		23, 1936
17 I HEREBY CER		tended the decensed from
that I last saw hali		d above, at 7 / 5 a.m.
The CAUSE OF DEATH *	was as follows:	<i>C</i>
1300	r cho p	Luciendina
Contributory Secondary	(Duration)	yrs. mos 10 ds.
(Şigned). (Şigned). (23 1928 O(A	(Duration)	Dyre de. M. D.
*State the Disease Violent Causes, state Accidental, Suicidal or H	Causing Death (1) Means of I omicidal.	, or, in deaths from njury and (2) Whether
	NCE (For Hosp	itais, Institutions, Trans-
At place of deathyrsmos	, , In th	ateyrsmosds.
Where was disease contracted if not at place of dea.h?		
Former or usual residence		***************************************
Show eth	Church	DATE OF BURIAL Apr 24, 19 36
20 UNDERTAKER) /	The /

No. αń WRITE

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., Foremun, For many occupations a Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the single word or term on (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonihis, diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease etc. The contributory Nomenclature of the

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m ż

1PLACE OF DEATH	09501 STATE OF MARYLAND
County VT 14	CERTIFICATE OF DEATH
	Registration Dist. No. 284
Village or City Oraviele (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME VLocal Vision	eia fortes here tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Que 2 4 , 19230
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aug 22, 1930	2 2 30 10 00 00 00 00 00 00 00 00 00 00 00 00
(Month) (Day) (Year) 7 AGE (If LESS than	that I last saw halive on 1996,
yrs. nos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Neumaloge. For
Particular kind of work	Cand (Cubictical
(b) General nature of industry business, or establishment in	(Durfon) -) yrs mas ds.
which employed or (employer)	Contributory
(State or country) & Mayo 6 mg.	Secondary (Duration) yrsds,
10 NAME OF FATHER CLICK	(Signed) Lang Jackson. M. D.
II BIRTHPLACE OT GLE LTClary Continue	Aug 2 4 1925 O(Address) Chrolottol face
OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mory Veolet Young	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrs
(State or country)	Where was disease contracted, if not at place of death?
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) May Ocolet Josholus	usual residence
(Address) Oravile	Storolde Of. Aug 287 19 31
15 V P 0 - 7-1	20 UNDERTAKER ADDRESS
Filed Strag 2 4 192 6 Registrar	E- forbor Medanuale

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Sulesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an cases, Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewije, Househousehold only not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhoborer, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-318). without more precise specification as Day Compositor, who are engaged in the duties of the Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EAST CALSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> causing stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; approved by Committee on carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia." "PUERPERAL perdonitis diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Careinoma, Sorcoma, etc., of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary). interstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) Chronic vahrular heart disease; affection need not be etc. The contributory Nomenclature death

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BUREAU

V S No. 1

PLACE OF DEATH	13264 STATE OF MARYLAND
County St. Cas	CERTIFICATE OF DEATH
	Registration Dist. No. 2 5 5
Village or City Chyllin (No.	St.: Ward) (If death occurred in
2FULL NAME Still born	tion, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 2 3 , 1980
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
3 23-,1730	192to
(Month) (Day) (Year)	that I last saw h alive on 3 - 2) - 192 U
7 AGE If LESS than	and that death occurred on the date stated above, at
I dayhrs.	The CAUSE OF DEATH * was as follower
mosds. ormin.}	fun alm out
(a) Trade, profession or	du Gails
(b) General nature of industry	accident
business, or establishment in	(Duration) vis. nos de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER Pullene Young	(Signed) W. Calum, D.
11 BIRTHPLACE	3,23-1920(Address) accomp
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Man D'all flum	is LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
THE ROOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) My 2: Pull	usual residence
(Address) Chylis and	Harden 9-23-1930
15 Filed 3-23 - 198 0 N. V. Pales Registrai	Viel and Human Cliftin
	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no oeeupation er," etc., without more precise special minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The queseupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic and -probably sweide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perisonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,",
> "E.haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which Aurgical operation was under-(secondary or intercurrent) American Medical Association.) approved by Committee on (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory affection need not be Nomenclature

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V S Na 1

PLACE OF DEATH	STATE OF MARYLAND
County (way)	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (No. (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME i)
² FULL NAME ULLUO	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH 4 - 8 - 198 0
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
4 8 1930	3.
(Month) (Day) (Year)	that I last saw h alive on 193.34
7 AGE If LESS than	The state of the s
O yrs. 6 mos. ds. or min.	
BOCCUPATION	Juliani ong
(a) Trade, profession or Communication of Work	auch orans
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yis, mos ds.
9 BIRTHPLACE	Contributory Our und
(State or country)	Secondary
10 NAME OF	(Durstion) yrs mos. ds.
FATHER WHIT fram you	(Signed) W. D.
OF FATHER	198 O(Address) are us
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MAN AND CHARLES	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des h?
114	Former or
(Informant) / Well 2. June	usual res.dence
(Address) arehur und	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 1. C. 2. N. 10 Pa. 1	2D UNDERTAKER ADDRESS
Filed 4-8- 1980 N. V Galund	Polastia 4m and
If more blanks are needed, address tate Negistra	- ware

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to e ch and every person, irrespective ci whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se, E.::amples: Cerebrospinal feace (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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nature of the business or industry, and therefore an additional line is provided for the latter statement; it cases, cupation is very important, so that the relative healthtircd 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Coding ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coul mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. sary to knew Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the Distance of Cause of Death—Name, first, the Distance of Cause of Death—Name, first, the Distance of Cause of Cause of Cause of the to time and causetion), using always the same accepted the term for the same dise se. Examples: *Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal menin_itis"); *Diphtheria** (avoid use of "Croup"); *Typhoid fever** (never report "Typhoid Pneumonia,"); *Lobar pneumonia, Bronchopaeumonia** ("Pneumonia,")

State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, . peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

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